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A Sanitary and Public Health Problem

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MORE than twenty years ago Doctor Osler said: "Syphilis is easily first in importance among the infections." To-day syphilis is still conceded to be the most prevalent of all communicable diseases, and as Doctor Winslow reminds us: "We have accomplished very little in a field where means of control lie within our knowledge and power." Misconceptions, ignorance and taboos have prevented a concerted attack upon this disease by methods similar to those which have conquered smallpox and diphtheria. The fact that *The Readers' Digest* devoted ten pages in a recent issue to a résumé of Doctor Parran's splendid article on syphilis under the caption of "Why Don't We Stamp Out Syphilis?" is an indication of real progress in bringing out into the open a disease which, less than twenty years ago, was mentioned only behind closed doors. Obviously, if syphilis is to be dealt with openly and effectively, continuous education of the public is perhaps the greatest need.

The nurse, whether in hospital, in private duty, or in the field of public health is in a particularly advantageous position for assisting in this process of education. The patient is seldom acutely ill during the early stages of the disease and is, therefore, not likely to seek competent diagnosis and treatment at the time when it is most needed. The nurse's contacts with patients and their families are close and offer many opportunities for wise counselling as well as case finding under such circumstances. Doctor Stokes, the eminent syphilologist, has stated that: "as sanitarians relying on education and treatment, physicians and nurses undoubtedly have it in their power to rid the earth of venereal disease," of which syphilis is the most devastating. If the nurse is to function effectively in such a campaign, she must have knowledge in addition to a sympathetic understanding and ability to regard syphilis "as a sanitary and a public health problem rather than a moral issue.'

In order to provide a minimum back-

ground of knowledge and understanding in this field, the School for Graduate Nurses of McGill University recently sponsored a series of lectures on the subject of syphilis and its control. Those taking part in the series were:

Doctor Gordon Bates, Director of the Health League of Canada;

Doctor Ralph E. Powell, Urologist to the Montreal General Hospital and Lecturer in Urology, McGill University;

Mrs. Evangeline Morris, R.N., Educational Director of the Community Health Association of Boston, Mass.

More than one hundred and fifty nurses attended the series and as there have been several requests for the subject matter from nurses in other parts of Canada, it has been decided to make this available to the profession at large through *The Canadian Nurse*. In this article a summary of the content of the lectures by Doctor Gordon Bates and Doctor Powell will first be presented. This summary will be followed by excerpts from the address given by Mrs. Morris, from the point of view of the nurse, whch proved so very helpful.

Summary of Lectures

Historical introduction: Although reported in medical literature since the fifteenth century, the causative organism of syphilis, the Spirochaeta Pallida, was not isolated until 1905 by Schaudinn and Hoffman. The Wasserman test for diagnosis was developed between 1905 and 1910. Since that time other tests such as the Kahn, Hinton and Kline tests have been devised which have the advantage of requiring less time for completion. The Wasserman test, however, is still the most widely used for diagnosis as well as in checking up the results of treatment.

In treating syphilis, mercury was used as early as 1499 and remained the mainstay until 1910, in spite of its toxicity and many disadvantages. In 1910, Ehrlich, after years of experimentation, produced his six hundred and sixth preparation, an arsenical compound which was called "606," or Salvarsan. The use of this preparation produced such excellent results that it was heralded as a cure, with most unfortunate results from incomplete cures. Later experimentation led to the production of another arsenical compound called "914," or Neo-Salvarsan. Still another arsenical, Tryparsamide, was developed which has been used principally in the treatment of tabes dorsalis and general paresis of the insane and has largely supplanted Salvarsan and Neo-Salvarsan in this area. In 1920 the treatment of neuro-syphilis by inoculation with malaria produced marked improvement in many cases. Experiments to produce similar results by massive doses of diathermy and other electrical devices, so far have not proved very effective. In 1922, bismuth was found to have specific action in the treatment of syphilis and since that time has largely replaced mercury, due to its relatively lower toxicity and the fact that its use causes less pain than mercury. In 1933, Stovarsal, a further arsenical, was devised which is administered by mouth. It has proved useful in treating children and may be used for adults when other preparations are not tolerated.

Clinical manifestations: Case finding in this field is rendered more difficult because syphilis is the "Great Imitator" of every form of pathology known to medical science. There are, however, certain manifestations which may lead the nurse to suspect syphilis and act accordingly. Congenital syphilis in infants is manifested by:

Snuffles

Redness and desquamation on soles of feet and palms of hands

Eruptions or fissures round corners of month, anus and genitals

Mucous patches in mouth
Blister-like eruption on skin in early infancy

Later manifestations include:
Hutchinsonian teeth (permanent teeth)
Interstitial keratitis
Certain forms of deafness with sudden onset
Bone changes, notably bulging of tibia anteriorly, and saddlenose, periostitis

The early stage of acquired syphilis is characterized by:
Primary sore, accompanied by glandular enlargement
Erythema—macular or papular eruptions
Mucous patches
Generalized enlargement of lymph nodes
Loss of hair, in peculiar "moth-eaten" patches
Loss of weight, headache, fever, general malaise and bone pains

In the later states the following symptoms will be noted:
Disturbances of vision
Argyll-Robertson pupil
Ptosis of eyelids
Sharp shooting pains in legs
Staggering gait
Loss of sphincter control
Marked personality changes
Delusions of grandeur
Extreme restlessness
Blurring of speech

Generally accepted procedures: Much of the work in this field is still in the experimental stage. It is, therefore inevitable that there should be differences of opinion even among experts. The procedures presented herewith are those which are now generally accepted and the emphasis has been laid upon the implications for nurses. Prophylactic measures include:

Provision of adequate facilities for normal recreation for adolescents and adults. Adequate treatment of a syphilitic mother during pregnancy, even if begun as late as the fifth month of gestation, will prevent at least ninety per cent of congenital syphilis. Hence the importance of routine test for every pregnant woman. Application of Calomel Ointment 25% to the surface which is exposed to syphilis within eight hours of exposure, will prevent infection.

In the event of a puncture wound or knife stab from a known syphilitic, the development of syphilis can be prevented if treated within seventy-two hours with Salvarsan intravenously every five days for five injections.

Treatment: In treating syphilis, the three drugs most commonly used are arsenic, bismuth and mercury. They may be used separately or in combination, but arsenic is essential in modern treatment. No attempt is being made to describe the various methods of administration. Such information can be found in standard text books. The present objective is to review certain facts which are most important in nursing.

Mercury: This metal is particularly irritating to kidney tissue; therefore, when it is used in any form, the nurse should co-operate in securing frequent examination of urine, preferably once a week. Mercury may also cause gastro-intestinal disturbances, ranging from irritation of the mouth to loss of appetite, nausea, vomiting and intestinal cramps which may be so severe as to resemble appendicitis. Even slight disturbances should be reported to the physician or clinic.

Bismuth: This heavy metal has now largely replaced mercury in the treatment of syphilis. Its use may lead to sore mouth, and although less toxic than mercury, may also cause irritation of the kidney in some instances. Patients should be watched for such symptoms.

The arsenicals: One of the greatest advances in the control of syphilis has been the use of the compounds of arsenic. Although not providing an immediate cure, as was hoped at first, they do

make it possible to render the syphilitic non-infectious within a few days. The importance of this to the public health is obvious. The arsenicals are usually administered concurrently with bismuth or mercury, or they may be given in courses alternating with one or other of these drugs. It is important for the nurse to remember that arsenical treatment should be given on a fasting stomach. Patients reporting for such treatment should be advised not to eat for at least two hours before treatment.

One of the most spectacular reactions following injection, which fortunately happens rarely, is nitritoid crisis. This is an *immediate* reaction and resembles amyl-nitrate reaction—flushing of the face, followed by swelling of face, dyspnoea and bounding pulse. This is probably not a true toxaemia but a circulatory disturbance and should be treated at once by administering 1-1000 Sol. Adrenalin M.X. For this reason adrenalin and hypodermic syringe should always be in readiness when arsenic is to be used. Less serious reactions but uncomfortable for the patient are nausea, vomiting, diarrhoea, fever and possibly jaundice. As arsenic has a tendency to affect liver functions, such symptoms should be reported. An acute skin irritation, known as arsenical exfoliative dermatitis, may develop. This is not common but is serious as it may lead to infection and death. The physician should be notified of any itching of the skin or any sign of skin eruption. The nurse should also watch every patient for any evidence of kidney dysfunction. Failure to urinate within eight hours after injection should be reported immediately to the physician.

Malarial treatment: Whereas formerly all patients suffering from general paresis died, it is now stated that thirty-five per cent of these patients may be clinically cured as a result of injection with tertian malaria. After a given number of chills (from four to ten) quinine is administered and the malaria is cured. This form of treatment, however, involves a certain risk and hospitalization is necessary. Even wth adequate hospital care, twenty-five per cent of patients so treated die of malaria or paresis directly. The nursing is directed toward the malaria rather than the primary infection. Constant care is necessary as pneumonial is a frequent complication. Blood pressure must be watched and evidence of jaundice reported immediately. It is well to remember that such patients may become excited or violent, and the usual precaution should be taken to safeguard the patient and his associates.

Cure or arrest: Syphilis becomes a blood-borne rather than a localized disease almost immediately. It may affect every tissue of the body. The earlier adequate treatment is instituted, the greater is the chance for arrest of the disease. Wasserman tests from the placental cord of the new-born infant are required in most maternity hospitals today. If positive, treatment should be started immediately. Infants of parents known to have syphilis are usually retested at intervals. It is probable that if the test is still negative at four to five weeks after birth the child is safe, but observation over a much longer period is desirable.

Congenital syphilis usually requires more treatment than the acquired form. The length of time required for cure of syphilis cannot be pre-determined in any given case but will depend on the degree of involvement, regularity of treatment, and the reaction of patient to treatment.

The question as to when a patient may safely marry is one that should not be answered by any nurse but must be referred to the physician who is treating the patient. It is safe to say, however, that even in primary syphilis active treat-

ment is necessary for two years and that a further two-year observation period is essential.

Broadly speaking, the present situation with respect to syphilis may be summarized thus:

Assets: The causative organism is known and can be isolated; prevention is possible as prophylactic measures are known; syphilis is potentially curable; free treatment is available in most parts of Canada.

Liabilities: The insidious nature of the disease; the prolonged treatment required; the unfavorable public attitude toward syphilis and the syphilitic; the failure of physicians and nurses to become "syphilis conscious."

The Nurse's Task

It is difficult to express in writing the stimulating effect of the notable contribution to the discussion which was made by Mrs. Morris. She is herself the personification of the words used by Doctor Stokes in dedicating his book to the nurses who inspired it: "Quick in foresight, deft in action, wise in counsel, exemplars of the ministry which it seeks to teach." The nurse who can read between the lines will catch a glimpse of her inspiration and realize that more than wishful thinking is necessary if syphilis is to be the next great plague to go.

By way of introduction Mrs. Morris quoted from a recent editorial in *The American Journal of Nursing*: "The ability, the opportunity and the responsibility of nurses to promote the control of syphilis should be acknowledged and accepted by us all." Mrs. Morris then put some searching questions and described some life situations in which wisdom, ability, and deftness in action of the nurse had risen to the level of her opportunity to serve.

Here are these questions and the answers to them:

With what ability may nurses approach this problem?

With vision and perspective; with understanding of its extent and seriousness; with accurate, scientific knowledge of its symptoms, its pathology, and the diagnostic and therapeutic measures which may be necessary; with an understanding of the prognosis in the treated and untreated case; with good working relationships between every agency and worker in the community; with an appreciation of human motives and behaviour; with ability to evaluate and utilize the assets in the work.

What are our opportunities?

First, by case finding which may be brought about through the knowledge of family relationships and ways of living; through actual bedside nursing; through prenatal and potsnatal work; through consultation work in family problems. Second, by case holding as in follow-up work. Here we may help through repeated contacts with families; through diversity of service in a generalized programme; through work with other agencies.

Have we a measure of responsibility?

The objectives of public health pledge us to a three-fold support as to the manifestations in the case of the sick, in the prevention of disease, and in the promotion of health. Let us consider the first mentioned objective: the care of the sick:

Margaret, a nineteen year old girl, is referred to us by her mother while the nurse is caring for a younger child in the family. The mother's diagnosis of measles is based on the fact that the patient has a rash. But the nurse, proceeding with great care and tact, discovers more significant symptoms—a sore throat and mucous patches and a history of exposure. This is relayed to

the social worker in a local clinic, to which the patient reluctantly agrees to go, and within twenty-four hours the patient is under care for secondary syphilis and plans are under way for the examination of her contacts and source of infection.

Next comes the prevention of disease: Mrs. Wilson came to our attention when she was three months pregnant. The report from a local clinic was reassuring: "Normal prenatal; negative Kahn; return in one month." Less reassuring was the patient's undue anxiety for the outcome of this pregnancy. It led the nurse to a closer contact and to a significant history; two previous pregnancies terminating in a miscarriage and a stillbirth, and a secondary syphilis acquired in 1930, untreated since 1931. Promptly relayed, this information was instrumental in an arrangement between the prenatal clinic and the syphilis clinic for intensive treatment. In tribute to this careful planning and thoughtful supervision, her baby begins his life free from the handicaps of congenital syphilis.

And here is an example of what may be done for the promotion of health:

Mrs. Brown is only forty years old, yet she tells the nurse that she cannot remember when she ever felt really well .She is underweight, highly emotional and subject to many ill-defined symptoms. Obviously something more than a cursory examination is indicated. Arrangements are made for a complete physical, including serology. This examination reveals that the patient has tertiary syphilis and that treatment is definitely indicated. Three months of intensive therapy and we see the beginning of a modern miracle—and life may yet become, for this woman, something worth living.

Progress in the control of syphilis, as in the control of other disease, depends not upon legislation and coercion but rather upon education and enlightenment. And the nurse who approaches this problem with ability and understanding, who utilizes the opportunities in her case load, and who senses her responsibility may see in the distance the Cathedral described by Dr. Winslow and hear "its bell notes of human compassion, in the night and in the sunshine."

WATCH YOUR STEP!

A member of a Board of Nurse Examiners in the north of England has been moved to write to *The Nursing Times* on the subject of the shoes worn by nurses. Here is her comment: 'Another disappointment was caused by the appearance of so many unsuitable types of footwear. There were court shoes with peg-like heels, suitable only for the ballroom, and causing the unfortunate wearers to stand like tired horses — first on one foot and then on the other. There were sloppy velvet slippers beloved by elderly ladies, suede shoes, loose fitting, one-strap shoes with high, narrow heels, and but very few of the lace Oxford type with broad heels and full support for the feet."

Do we in Canada sometimes emulate the tired horse? Perish the thought! Comfortable shoes can be smart.

The Making of an "International"

GLADYS SHARPE,
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Dear S.,

Here I am, back in Toronto, finding it difficult to realize that more than a year has elapsed since I entered upon my course of study in England. Knowing you will be anxious to hear of my experiences of the past months, and as impressions are still vivid, I shall make an effort to outline the events of the past year, not in order of importance but in some sequence of occurrence. As you know, the Canadian Nurses Association makes an annual award of $1250.00 which provides for a study period of eleven months, including expericnce in various English hospitals, tuition at Bedford College and the College of Nursing, and residence at No. 15 Manchester Square.

First, a word about our home at No. 15. Conveniently situated between Bedford College and the College of Nursing stands this beautiful old eighteenth century house. The original lease—about the size of a small rug—is signed by one of the Adams brothers, consequently its mantelpieces are gems of that period. Each country has one room designated as its own by a name plate on the door and its furnishings are suggestive of that country. Can't you see Japan, with its white satin curtains, Bulgaria with its colourful embroidery, to say nothing of Sweden, Finland and Latvia, each picturesque to a degree. Canada's room has recently been refurnished with a candlewick bed-spread, curtains and cushions. An added attraction to No. 15 is our across-the-street neighbour, Mr. Anthony Eden, whose comings and goings were watched with interest by the residents of International House.

Now for a few words about our group! Nineteen nurses from eighteen different training schools and twelve different countries provided all the variety offered by foreign travel and vastly more of international understanding. We were not only expected to know the number of hospitals, training schools and nurses in Canada, and the legislation governing registration in the various provinces, but—and what was infinitely more disconcerting—the body of water into which Niagara Falls empties! We surely learned to see Canada through the eyes of others.

In the first six weeks, each student had an oppportunity to observe in at least two London hospitals and my good fortune took me to St. Thomas's and Guy's. At St. Thomas's, you would have been thrilled, as I was, when permitted to handle the clothing worn by Florence Nightingale and to read letters she had written.

The medical museum at Guy's was one of the most interesting places but we did not have nearly as long to spend there as we should have liked. Of the nursing service we can only speak in the highest terms. Although the wards were filled with a wide variety of patients, they were devoid of obvious tension. The patient is considered first, foremost and always, even to the provision of a bottle of "sweets" on the medicine tray. The serving of "the meal" at noon is a very important part of the daily routine. The "joint"—I never did learn whether it was beef, lamb or mutton—is carved on the ward by "Sister," and when expertly done made one ravenous.

In and out we went at will through the other London hospitals—Great

The portal of the Mother House at Kaiserswerth

Ormond Street, The London—from whence the Sisters sent an enormous cracker for our entertainment at Christmas—Bart's, St. Mary's, Paddington, and many others, everywhere finding the consideration for the patient of paramount importance.

Then came our academic programme. From October until College "went down" at Christmas, such subjects as sociology, psychology, physiology, psychiatry and preventive medicine were studied at Bedford College, while hospital administration, teaching methods and history of nursing were taken at the College of Nursing. Apart from the educational value of the subject matter, the personal interest of the lecturers in our group was more than appreciated. We were entertained in their homes, at polo matches and even at tennis at Wimbledon. One morning in May, a certain professor closed his lecture by announcing how—if one were interested—one could reach Epsom Downs, see the famous Derby, lunch and reach home at the total cost of three and sixpence.

Monday afternoons were reserved for excursions to places of educational interest. In our large green "chara," with Mr. Eden's small son an interested spectator, we visited almhouses, "Poor Law" infirmaries and hospitals for the care of mental diseases, one of the latter being called Bethlehem Hospital, the name of which in the days of long ago gave rise to the word "Bedlam." One of the most exciting was an all-night expedition to the Telephone Exchange, The Daily Express, a common lodging house, the G.P.O.—where one of 1770 employees showed us the underground railway which automatically acts as postman from east to west of London, and also indicated how inadvisable it is to mail Devonshire cream except in suitable containers. We ended up at 5.30 a.m. at the Billingsgate Fish Market, where the fishmongers call "Oyez, Oyez" and welcomed and bade us farewell. Covent Garden was the last point of call and you just musn't miss that early morning vision of beauty when you go over for the I.C.N. next July.

Our Easter vacation commenced on March 24 and the following day three of us took advantage of the arrangements made to visit hospitals and other places of interest in Sweden, Finland, Latvia, Poland and Germany. The trip across the North Sea was not wholly pleasant and we were quite willing to quit the ship on its arrival in Gotenburg. The first day of sight-seeing took us to four hospitals, including a visit to a convalescent children's hospital, from where

the view of the sunset will never be forgotten. We were guests of two charming ladies in their home high on a pine-topped hillside.

From Gotenburg we went by rail to Stockholm—that beautifully clean city, unmarred by bill-boards or gasoline stations. Here we were the guests of the Swedish Nurses Association and were billetted at their headquarters. One entire day, from 6 a.m. was spent, garbed as Red Cross nurses, on the wards of "Sabbatsberg," one of Sweden's largest hospitals. One incident will serve to illustrate the courtesy extended to the foreigner on every hand. A surgeon, well-known even on this continent, previous to making rounds, enquired whether the visitors spoke Swedish. The answer being in the negative, he turned to his associates with the words—"Gentlemen, the clinic will be conducted in English." We also learned of the fame of our Quintuplets here. Upon being questioned regarding the "Fivelings," a blank expression was the only response until our interviewer followed it up with the enlightening information that she meant "the little ones who were born five at a time."

From Stockholm to Finland we journeyed by night, during which we were awakened by the sound of ice bumping against the boat. Abo was reached at a very early hour but not too early for our hostess to meet us at the pier. One of the most beautiful of ultra-modern sanitoria was viewed in the company of medical men from several European countries and an architect from Vienna. We lunched with the patients and at 4 p.m. this cosmopolitan group partook of coffee. Conversation was of necessity stilted —a long silence would suddenly be broken by a ripple of laughter as we realized our inadequacy, but at the same time making a firm resolve to acquire some knowledge of Esperanto for future use. A long tiresome journey brought us to Helsingfors and with just time for a cordial welcome, we tumbled into the softest of beds, drew up the

The waterfront at Stockholm

feather coverlets and knew no more until coffee and rolls appeared at 7 a.m.

One busy day followed another. In addition to observing the departments of five hospitals, a Health Centre and The Postgraduate School, we dined with the family of our Finnish classmate, when again food served as an international means of communication. Our last evening was spent in a Finnish bath and just here—a warning to the uninitiated—let none but the soundest of limb and body venture into a "Salna." For three solid hours we endured alternate steaming, scrubbing, massaging, spraying and rubbing, until we finally emerged feeling like pieces of wet blotting paper. The next morning, after a hurried trip to purchase a copper coffee kettle, we were given a floral send-off as the small steamer bound for Tallin was boarded. Of the next four hours, the least said the better. The fact that a luncheon order of steak and onions—given at 10 a.m.—was unclaimed explains all.

At Tallin, we entrained for Riga. From two o'clock in the afternoon until midnight was a revelation of third-class accommodation at its worst. Odoriferous peasants, sacks of onions, and hard seats, combined with a complete lack of fresh air, made the trip seem interminable. Fearing to precipitate an international crisis, we respected the glances of an astrakhan-collared, moustached gentleman, whose heavy eyebrows drew together in a menacing manner whenever any suggestion of introducing ventilation was made. However, by the system of a muttered "he's not looking now" and the aid of a newspaper as a shield, we managed to open the window at intervals, which, though short and infrequent, gave us some satisfaction.

Reaching Riga at midnight, we were met by a Latvian "Old International" and a Cadillac car flying the Red Cross ensign, and were driven directly to our destination. We visited the Red Cross Surgical Hospital, the Welfare Centres and the headquarters of the Junior Red Cross. Without an idle minute from early morning until midnight, we managed to be entertained at a ballet, a luncheon party (where the orchestra played English airs in our honour, including "John Peel"), and a delightful tea party. Then, just before train time, we were ushered into a shop with instructions to select a piece of amber as a gift from the Latvian Nurses Association. Crimson roses and an overflowing basket of fruit were farewell evidences of Latvian hospitality. From Riga to Warsaw was an enjoyable trip, although we were too weary to do other than sleep.

Our first impression of Warsaw was not without attending excitement. Not having changed from Latvian to Polish money, a cup of coffee taken during the night had not been paid for when the station was reached. After climbing over innumerable tracks and up and down stairs, we had given up hope of ever finding our way back to reimburse the porter, but we need not have worried. No sooner had our weighty bags been deposited in the station than our creditor appeared beside us with outstretched hand.

Warsaw provided a field rich in interest and educational content. The Warsaw City School, founded by the American Red Cross Society, celebrates its fifteenth anniversary this autumn. The matron—a Polish lady of wealth—had received some nursing experience in St. Thomas's Hospital, London, had studied medicine in Switzerland and then when the State required that a director of its schools be a fully qualified nurse, had at the age of forty, entered the Bordeaux School and taken the full four-year course of training.

Students in the Schools of Nursing in Warsaw receive from three to four months experience at the Health Centre, which, serving a community of 130,000 people, dispenses medical and surgical aid, houses a community laundry and public baths, distributes relief in the form of food and clothing in addition to preparing and dispensing some 600 special feedings daily. Each student gains experience in school nursing, industrial and district bedside nursing.

With presumably enough "zlotys" to cover our dietary needs on the trip to Germany, imagine our dismay to find that our combined resources would not pay for the most frugal meal. The family purse was emptied on the table and another struggle with the sign language ensued. A bland smile, a negative shake of the head and no sign of food forthcoming made us desperate. Finally an American gentleman came to our rescue, subscribed the deficit, and the hungry were fed. We gave a careful account of our money as we entered Germany, but with registered marks and but little other currency, experienced no difficulty.

Berlin was a decided contrast to the outlying small towns and villages of Eastern Germany. Wide streets and excellent roads with what would appeal to motorists here—cycle paths. No cycling is permitted in the business section except on the paths provided.

A few points regarding the care of the sick in Germany might be of interest to you. Sand-baths have been installed recently in several hospitals. A specially selected, salt-sea sand, coarse and dry, is heated and blown in over the patient, who lies in a large wooden bath—rather like a sand storm, we thought, but the physiotherapists attribute many remarkable cases of relief to arthritic patients. Among the interesting features of Berlin is the casualty clearing station for street accidents, which is connected with field dressing stations in the various districts of the city. These deal with an average of 125,000 accidents per year. The clearing station is in connection with all hospitals by direct telephone lines and is supplied daily with a list of available beds. From here, any doctor or station may be advised as to where the nearest hospital bed is available.

Kitchens on the top floor of the hospital are a common feature in Germany. The reason given is that cooking odours cannot offend. We felt that the extra transportation necessitated, coupled with the fact that healthy people occupied the best part of the hospital, offset the advantages outlined.

We visited the Kaiser Frederick Museum, the Opera and Potsdam, where Sans Souci, the home of the formerr Kaiser, stands open to the public and saw the preparations being made for the Olympic games.

The 'high spot" of the entire trip was our visit to the cradle of skilled nursing at Kaiserswerth, on the Rhine, between Dusseldorf and Cologne. It was here that Florence Nightingale received her early impressions of nursing under the direction of Pastor Fleidner. Today, it is a vast organization, consisting of more than twenty hospitals, orphanages and schools of all kinds. We saw the room in which Florence Nightingale lived, the letters she had written to Pastor Fleidner and then at dinner, in company with some two hundred deaconesses, were permitted to hear Mother Anna read letters from her deaconesses in far-off places.

Our registered marks having been spent, we left Cologne on Hitler's birthday, amid flag-draped streets and other evidences of celebration.

Following two days in Brussels and Antwerp "on our own," we started for

"Internationals" from Great Britain, India, Canada, Australia, New Zealand, United States of America, Switzerland, Sweden, Lithuania.

England. Crossing the channel and passing the Customs were executed with ease. With but one bag and the copper coffee pot, we did not excite suspicion. London was reached at the end of April, but not in agreement with the poet who sighed "Oh! to be in England," for it was cold, raining and decidedly unspringlike.

Lectures commenced again and continued until June 26, when H.R.H. The Duchess of Kent, presented our certificates. The speeches, the votes of thanks and the faces on the platform are but hazy memories, but the march across the platform, the strain of making sure that only one knee bent, that the right hand was extended to greet "Her Highness" and that the left one received the parchment, while at the same time trying to smile a natural smile, are painfully clear. I only remember that my chair was reached again, and that someone else's certificate was clutched in a clammy hand, but at last I could sit back and enjoy watching the W's, X's, and Y's go through the same ordeal. Unfortunately it was raining, so tea was served indoors—but a strawberry tea with delectable cakes is enjoyable anywhere, and especially in England. A delightful dinner at the Cowdray Club brought the day to a close and next day witnessed the breaking up of the 1935-36 group.

With "Oliver Cromwell," a huge seven-passenger Austin of 1924 vintage, "New Zealand" and "Canada" drove north through Stratford-on-Avon to Caldy. "Oliver" was parked for a week, while his passengers crossed to Ireland. As guests of the Matron of the Royal Infirmary, Belfast, we saw hospitals, peat fires, white-washed gate posts, the Glen of Antrim, and a cottage being thatched. An incident sufficiently appropriate to relate occurred at the Royal Infirmary. The dietitian-housekeeper was approached early one morning by one of the maids. "Miss P., there wasn't any food for the house-surgeons last night." Miss P., "Gracious, Kitty, and what did you do?" Kitty—"Oh, sure 'twas all right! I just gave them the Matron's remains!"

Back to England, where after a day's prowl in Chester, we drove through beautiful Wales with its unpronounceable names, sleeping overnight at the foot of Snowdon. We saw the Faery Glen, then drove through the Cotswolds and the unforgettably picturesque Wye Valley to Barry. From here, after a few days rest and sea-bathing, we departed for London Town, finding our way through the choicest bits of country en route. The last week-end was spent in delightful Surrey where, in addition to visiting Winchester Cathedral, we performed a "cropotomy" with a degree of success on a crop-bound hen. This week of revelling in the quietude of the countryside brought the year to a close. On July 24, "Filipino" and "Canada" set sail on the S.S. Queen

Mary, waving goodbye to Oliver and our well-wishers, as the last glimpse of English shores faded into the distance.

This seems to be a totally inadequate picture of the activities of the past year. I find I have made no mention of several outstanding events, among which were my feelings at the first glimpse of the King and Queen. The thrill of driving through the front gates of Buckingham Palace in company with Sister Black, his late Majesty's nurse; the awful solemnity of the Royal funeral; the subdued yet happy note struck at the wedding of the Duke of Gloucester; the pomp and ceremony of the opening of Parliament; the gay pageantry of the Lord Mayor's Show.

We did go to the Derby, feeling like truants, even though lectures had for one reason or another been cancelled. Epsom Downs, with "The Pearlies," the gypsies and the bookies, was revelation of the importance of this event to Englishmen of all classes.

Riding in Rotten Row, in Hyde Park, one wondered if one's mount knew the excitement of his rider at the fulfilment of a life-long desire. We lunched at the Old Cheshire Cheese and partook of its famous steak and kidney pie, and visited the rag-market at Petticoat Lane early one Sunday morning.

During a visit to Oxford, we made the acquaintance of Flush, the cocker-spaniel who acted as the lap-dog in "The Barretts of Wimpole Street." Canterbury, Rye and Winchelsea are more than names to us now, for Christmas vacation was spent as the quest of the Matron of the Royal East Sussex Hospital at Hastings, who lost no oppportunity to show us the treasure spots of the surrounding country.

Personalities of almost as much interest as Mr. Eden, were the hurdy-gurdy Italian lady who serenaded us each Saturday, the muffin-man, whose bell solicited our patronage at the psychological hour of four on Sunday, and the cats' meat man, whose raucous call was not understood for many weeks.

The "Philippines" and "Canada" homeward bound on the *Queen Mary*.

In this letter, you have shared my privileges without the labour and study, and have sensed the thrills of London without experiencing its fogs and noise. You have pictured the Helsingfors-Tallin journey and enjoyed with me the Kaiserswerth pilgrimage. Now I feel that you understand how, through the association of students from many lands, a common cause may be strengthened and the international viewpoint in nursing education may be attained.

G. S.

INTERNATIONAL RED CROSS BAZAAR

Miss Grace M. Fairley, convener of the Nightingale Memorial Committee of the Canadian Nurses Association, has received word from the Memorial Committee in Great Britain that the British Red Cross Society will hold an International Red Cross Bazaar in order to assist the Nightingale International Foundation. The following excerpts are made from a letter addressed to Miss

Fairley by Sir Arthur Stanley and Mrs. Bedford Fenwick:

The coincidence of the meeting of the Grand Council of that body with the annual distribution of certificates to the International Students at Bedford College in July next undoubtedly offers a unique opportunity.

We have been asked to write to you, and to all National Florence Nightingale Memorial Committees soliciting aid in collecting material to be sold at the Bazaar.

The Bazaar, being of an international character, it is hoped that we shall have goods from every Country on sale. We shall be very grateful if you will very kindly help up by sending any articles that are characteristic of your local industries and will, therefore, appeal to the British public, as being different from the things that they are asked to buy at the ordinary charitable Bazaar.

It is hoped that the Bazaar, which will last for two days, will be opened by a member of the Royal Family.

The cost of erecting the stalls themselves and other incidental expenses will be defrayed by the English Stall: no rent will be payable for the premises on which the Bazaar will be held, and all the work in connection with it will be done voluntarily by members of the British Red Cross Society.

May we express the hope that we may count on your co-operation and that of your National Red Cross Committee, to whom a letter has also been addressed. If you can advise us as soon as possible as to the extent to which you can help us it will greatly facilitate our task.

Many Canadian nurses will surely welcome an opportunity of showing their appreciation of this generous action on the part of the British Red Cross Society by doing all they can to help such a good cause. Perhaps the best plea that could be made for support of this Bazaar is an article which appears in this issue of the *Journal* entitled "The Making of an International." Read it and be convinced.

In a letter addressed to Miss Fairley, the national Commissioner of the Canadian Red Cross Society promised the active co-operation of that Society in these words:

We want to make a contribution not only to help the British Red Cross but also because we have so far been able to do so little for the Florence Nightingale Memorial Fund.

At a recent meeting of our Executive Committee a small sub-committee was set up to look into the whole question and the chairman of that committee suggested to me that perhaps there might be some advantage if an arrangement were made for setting up some kind of a co-ordinating agency that could bring about a degree of consistency among the contributions that will probably be made by various nursing committees and ourselves.

I should like to have your views on this proposal because I think you too will realize that if committees from each of the Provincial Nurses Associations begin to buy what they think might be appropriate articles for the Bazaar, there may be a good deal of overlapping and we might find ourselves all sending the same sort of thing or failing to send one or more kinds of characteristic Canadian goods simply because we did not think of them.

Our special sub-committee has I think made no definite plans as yet but has consulted the Canadian Manufacturers Association so as to find out the names of manufacturers who turn out typically Canadian products.

I have written to Miss Wilson and told her that we would be very glad indeed to act as the receiving centre for all contributions from Canadian sources and could readily arrange for packing and shipping them to the British Red Cross.

Under the caption of *Notes from the National Office* Miss Jean S. Wilson, who is the secretary of the Canadian Florence Nightingale Memorial Committee, gives further detailed information which will be useful to those wishing to contribute to this worthy cause.

THE EDITOR'S DESK

Eighty Years Young

The Canadian Nurse offers hearty congratulations to *The British Journal of Nursing* upon the happy celebration of the eightieth birthday of its distinguished Editor, Mrs. Bedford Fenwick. Of her it may be said that her eye is not dimmed nor her natural force abated. The vigour and clarity of her thought, her courage and her unshakable loyalty make themselves felt in every page of a *Journal* which is read with interest and profit by nurses in every part of our Commonwealth of Nations.

Readers' Guide

Our leading article this month deals with the control of syphilis and was prepared by Miss Mary Mathewson, assistant director of the School for Graduate Nurses of McGill University. Miss Mathewson has skilfully woven together the material presented by Dr. Gordon Bates, Dr. R. E. Powell and Mrs. Morris at a refresher course held under the auspices of the School.

There was a time when an article such as this would have been automatically placed under the caption of our Public Health Nursing Department. But if you read it carefully you will agree that here is a situation which is quite as closely related to nursing practice and education as it is to preventive medicine.

The nurses of Canada have, for several years, made it possible for one of their members to take the courses offered under the auspices of the Nightingale Memorial Foundation. This month Miss Gladys Sharpe gives us some fascinating glimpses of what happens to you when you are made free of the company of the "Internationals." The charming photographs which illustrated Miss Simpson's article in the March issue, as well as those which adorn her own, were loaned to us by Miss Sharpe herself.

We owe the privilege of publishing Dr. Lloyd Brown's articles on "What to observe and how" to the private duty section of the Regina Registered Nurses Association. In its original form, this article was an address delivered at a refresher course given under the auspices of the Association. The members of the section were quick to see its value and significance and, as their secretary, Miss Helen M. Jolly says: "thought other nurses might find it equally interesting and instructive."

The ability to observe and to interpret is perhaps the most outstanding characteristic of the professional nurse. Manual dexterity can be acquired by a non-professional worker simply as the result of continued practice; expert observation requires not only the discriminating use of highly trained senses but also the exercise of balanced judgment based on scientific knowledge as well as experience.

Instructions given to the nurse by the physician are often general rather than specific in character. The phrase "watch the patient closely" is frequently used but the nurse is seldom told exactly what to watch for. It is taken for granted that her training and experience have so familiarized her with the changing clinical picture of disease that she can interpret its significance for herself. She is given instructions as to what she is to do in an emergency but she must rely upon her own knowledge and judgment to tell her when the emergency is actually present and just how the measures ordered by the physician can best be applied in the circumstances.

What to Observe and How

LLOYD BROWN, M.D.,
Regina, Saskatchewan

Perhaps a more accurate title for the contents of this paper would be: "What we observe and what it may mean," especially in relation to nursing the sick infant or young child. Too often the nurse is prone to classify the sick infant in the same category as the sick adult. There are vital differences, which are appparent in more ways than one to anyone who gives the question a moment's thought. One of them lies in the inability of the sick infant to express himself; the nurse and the physician are therefore handicapped by lack of symptoms. This handicap is often serious; it follows, therefore, that every sign exhibited by the patient must be examined exhaustively, inasmuch as from them we may reasonably accurately deduce the nature of the unknown symptoms.

A nurse who is capable only of carrying out the specified orders of the physician, and who contributes no more than this to the problem presented by her patient, is not fulfilling her function. It is her additional contribution which makes her an asset or otherwise. Her ability to apply the necessary treatments with the minimum of physical and mental disturbance to the patient, her ability to observe changes in his appearance and actions, and her ability to attach the correct significance to what she observes, make the difference between a competent nurse, and one lacking in competence. The physician is, at best, only able to have contact with the patient at intervals, and frequently is not present to observe important changes when they should be observed and acted upon. This places the nurse in a position of responsibility which cannot be over-estimated. A nurse who is well trained in the art of observation, and is able to attach the correct significance to her observation, is of the greatest value to both the patient and physician.

One would wish to stress the relative importance of observations made of the sleeping infant. Often these signs are of infinitely greater value than those made of the patient, while conscious. A much truer estimate of the condition of the patient may be made by an appraisal of the general appearance, the respiratory rate, the rate and quality of the pulse of the sleeping patient, than of those same signs when in a conscious state. A rapid respiratory rate, or fast thready pulse may not have much significance in a conscious patient who may be restless, irritable or fussing. Yet similar features, when present in a semi-conscious or sleeping patient may have the greatest significance.

It is one of the misfortunes of our present method of teaching, that neither the teacher nor the student has the necessary time available to co-ordinate the various disease entities. We are taught, for instance, that pneumonia gives a certain picture with a certain

An address given at a refresher course recently held under the auspices of the Regina Registered Nurses Association.

amount of variation in that picture. The mode of onset, signs and symptoms, complications, the mortality, morbidity and treatment are taught. The same process is carried out in regard to other diseases and disorders. The weakness of this system lies in its incompleteness. There is a failure to co-ordinate the sum-total of the information by presenting a final composite view of signs and symptoms and their variations, not in relation to any particular disease, but their significance in disease as a whole.

The respiratory rate, for instance, has considerable significance in any disease. For the most part, variation in the character of the respirations are only discussed or studied in connection with respiratory disease itself, yet such variation can present signs of greatest import in conditions unrelated to respiratory disease. For example, one might mention the respiratory picture in diabetic acidosis and coma, or that presented by paralysis of the diaphragm. It follows, that in order that the nurse may get the proper perspective of respiration in its normal physiological state as well as the variation produced by disease, she should study respiration as an entity in itself. She would then be in a position, while attending her patient, to have a greater degree of skill in interpreting the behaviour of the respiratory organs of her charge.

It is important that the nurse should have a grasp of the physiology and pathology of respiration, if she is to be in a position to interpret correctly to meaning of her observations, whether they be of major or minor character. She should know the probable causes of a rapid rate, a slow rate, a normal rhythm and an abnormal rhythm. A similar knowledge of the reasons behind variation in the pulse, the colour, the disposition, would enable her to better understand her patient. For the nurse, then, it is necessary that she be able to make a reasonably accurate differential diagnosis of the changing signs presented by her patient from time to time.

What to Look For

One must assume that the private duty nurse, or the nurse on general duty, has some general conception of the many points she must be observant about while attending her patient. Yet two nurses, observing the same patient, may see two different pictures. One will observe only a few of the signs before her, the other many more. In nursing a sick infant or young child it is most essential that *all* signs present be under observation. The significance of certain signs is different from their presence in an adult patient. Briefly, what should the nurse observe or look for in her patient? Here are some suggestions.

General appearance: Is the patient conscious or unconscious? What is the development and state of nutrition? What does the facial expression represent? Does he appear acutely ill? Is the colour pale, flushed, cyanosed or jaundiced? Do these symptoms vary from time to time and is there local variation in the colour?

The skin: Is the skin elastic or doughy? Note the amount of subcutaneous fat and the presence or absence of rashes. Is the skin moist or dry?

Superficial lymphatic glands: Is there any enlargement of the glands in the neck, axilla, the elbow, the groin?

The head: Is the head retracted? Does the patient roll it about? Does he favour one side? Does the fontanelle bulge?

The eyes: Do the lids function normally? Is any discharge present? Are the eyes inflamed? Do they roll? Do they co-ordinate properly? Does the light hurt them? Do they jerk involuntarily? Do they bulge or are they sunken? Do they see?

The ears: Is there any deformity or discharge and of what type? Is there bleeding from either or both sides and is it profuse or otherwise? Is it pure blood or greyish red? Is there difficulty in breathing through the nose, either on one side or both?

The mouth: Is it held open or closed? Does it droop on one side? Are the lips moist or dry? What colour are the lips (pale, normal red, cherry colour, cyanosed)?

The neck: Are there any deformities or enlargements? Is it freely moved? Are any pulsations visible?

The chest: Is the heart pulse visible? Is the respiratory rate normal, fast or slow? Is the respiratory rhythm smooth or broken? Is it laboured and to what extent? Are the respirations abdominal or of the chest chiefly? Is inspiration longer than expiration, or *vice versa*? Is respiration easy or painful? Is it accompanied by a grunt? Are any deformities present? Do both sides of the chest move in the same manner or does one side lag? Is cough present? Is there any retraction of the ribs with respiration? Are the accessory muscles of respiration being used?

Abdomen: Is the abdomen distended or scaphoid? How it is affected by respiration? Are there any signs of deformity such as would be caused by abscess, or hernia? Do any peristaltic waves show through the abdominal wall?

Genitals: Are they normal or otherwise? Is excoriation or discharge present? Is there frequency or suppression of urine? Is the urine pungent or offensive in odour? What is its colour? Is urination painful?

Buttocks and anal region: What is the number and character of the stools? Is local bleeding present? Is there any protrusion of the rectum? Are there any excoriations or swellings about the rectum? Is there any visible evidence of worms?

Extremities: What is their position? Are areas of excoriation present? Are there any tender areas or any signs of deformity? Is there tenderness or pain on movement? What degree of movement is present? Are there any hemorrhagic spots present in the skin? What colour are the skin areas and have they the same comparative temperature?

The back: Are there any excoriations, swellings or tender areas?

Nervous system: Is the patient restless, or lethargic, or irritable, or twitchy? Is he tender when moved or handled?

Circulatory factors: What is the character and rate of the pulse? What is the colour of the skin? What degree of perspiration is present both generally or locally? Is there swelling of the hands or feet, or puffiness about the eyes? What is the degree of warmth in the body and extremities?

The above outline indicates the routine observation which a nurse should make when caring for her patients. In a succeeding article we shall consider the possible significance of some of the more important signs.

(To be continued)

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A Western hospital (175 beds) invites applications for the position of Superintendent of Nurses. Applicants must have taken a post-graduate course in a University and have had experience in teaching.

Address applications to Box 5, *The Canadian Nurse*, Ste. 401, 1411 Crescent St., Montreal, P. Q.

DEPARTMENT OF Nursing Education

A Golden Opportunity

In the leading article of the March issue of the *Journal* the President of the Canadian Nurses Association spoke of the short postgraduate courses, sponsored by various English organizations, which are to be offered during the coming Summer in London and other centres. The College of Nursing has issued an announcement which offers such a variety of good things that it will be difficult to choose between them.

The information compiled by the College of Nursing is quoted in full. It opens with a cordial invitation, followed by warning to the dilatory and vacillating.

Courses Available

In view of the fact that many nurses from overseas will be visiting England next year for the Internationl Congress, and for their interest, this brief synopsis of courses available in the country throughout the summer months has been drawn up. It is felt that many of those attending the Congress may wish to stay in the country for a longer period than that covered by the actual Congress and, during that period, to attend a course of lectures and demonstrations in the particular branch or branches of nursing in which they are interested. Every endeavour will be made to make special arrangements for those nurses whose particular interests do not figure in the list. Details of courses, fees, etc., have not been included *but will be procurable from the organisers, whose names and addresses appear on the list.* Application should be made as early as possible as numbers must be limited. Applications will be taken strictly in order of receipt.

Special courses have been arranged by the College of Nursing, la Henrietta St., Cavendish Square, London, W.I. as follows. Details may be obtained on application.

June 28-30; *Place*: London; *Subject*: Educational Psychology and Methods of Teaching. The Syllabus includes: Methods of teaching and the personality of the teacher—illustrated by demonstration classes in schools of nursing, midwifery schools, welfare centres and general educational schools.

July 1-3; *Place*: London; *Subject*: Maternal Welfare and Nutrition. The Syllabus includes: Analgesics in midwifery, puerperal sepsis research; trial labours; the psychology of the mother; nutrition in relation to maternity.

July 5-7; *Place*: London; *Subject*: Tuberculosis (in conjunction with the Tuberculosis Association). The Syllabus includes: Lectures and demonstrations in special hospitals and sanatoria, and tuberculosis dispensaries.

July 8-10; *Place*: London; *Subject*: Physiotherapy. The Syllabus includes: Relaxation and its application to nursing. Prevention and treatment of postural defects, deformities of the feet, etc. The value of exercise for expectant and nursing mothers.

July 12-14; *Place*: London; *Subject*: Rheumatism and School Medical Work. The Syllabus includes: The work of the London County Council School Medical Service with special reference to rheumatism in children. Visit to supervisory centre and hospital school for rheumatism and orthopaedic cases. Treatment of adult rheumatism arranged in conjunction with the British Red Cross Society's Clinic for Rheumatism.

July 15 and 16; *Place*: London; *Subject*: Ophthalmic Nursing. The Syllabus includes: Demonstrations in orthoptic clinics. Clinical

demonstrations of treatment of eye conditions in children.

Alternative Courses

July 5-8; *Place*: London; *Subject*: History of Nursing. The Syllabus includes: Conducted visits to St. John's Gate, Embley Park, the grave of Florence Nightingale, St. Thomas's Hospital, St. Bartholomew's Hospital, etc.

July 15 and 16; *Place*: London; *Subject*: Ophthalmic Nursing. The Syllabus includes: Ward rounds, theatre demonstrations, out-patient clinics.

July 1-3; *Place*: London; *Subject*: Industrial Nursing. The Syllabus includes: Lecture demonstration on (a) comfort conditions in industry; (b) recent advances in artificial respiration. Visits to Museums of Hygiene and Sanitation. Home Office Museum and Medical Department of a Factory.

Arranged by Other Associations

May 25-29; *Place*: Margate; *Organising Body*: Royal Institute of Public Health and Institute of Hygiene, 28 Portland Place, London, W. 1; *Subject*: Public Health Congress. The Syllabus includes: State medicine and industrial hygiene; tuberculosis; rheumatism; nutrition and physical training; maternity and child welfare.

June 1-3; *Place*: London; *Organising Body*: National Association for the Prevention of Infant Mortality, Carnegie House, 117 Piccadilly, London, W.1; *Subject*: Maternity and Child Welfare Conference. The Syllabus includes: Subjects concerning the further evolution of the Maternity and Child Welfare movement in the British Empire and United States of America.

July 1-3; *Place*: Bristol; *Organising Body*: National Association for the Prevention of Tuberculosis, Tavistock House, (North), Tavistock Sq., London, W.C.1; Subject: Tuberculosis Conference. The Syllabus includes: Papers on appropriate subjects followed by discussions.

July 5-24; *Place*: London; *Organising Body*: Central Association for Mental Welfare (in conjunction with the College of Nursing), 24, Buckingham Palace Rd., London, S.W.1. *Subject*: Mental Welfare Course. The Syllabus includes: Mental deficiency and the general principles of training defectives. Medical and psychological lectures and visits of observation to occupation centres, special schools and institutions.

July 5-9; *Place*: London; *Organising Body*: British Social Hygiene Council, Carteret House, Carteret Street, London, S.W.1. *Subject*: Social Hygiene Congress. The Syllabus includes: Venereal diseases in rural areas and small ports; child labour; training of overseas nurses; marriage in relation to social hygiene, health education.

July 12-17; *Place*: Birmingham; *Organising Body*: Royal Sanitary Institute, 90 Buckingham Palace Road, London, S.W.1; *Subject*: Public Health Congress; The Syllabus includes: Conferences of Medical Officers of Health, Local Authorities, Health Visitors, Sanitary Inspectors, etc. Sections on preventive medicine, town planning, maternity and child welfare and school hygiene, industrial and tropical hygiene.

September 10-14; *Place*: Oxford; *Organising Body*: Industrial Welfare Society, 14 Hobart Place, London, S.W.1; *Subject*: Industrial Welfare Conference. The Syllabus includes: Papers on the influence of working and social environment on the health of the industrial worker. The work of the International Labour Office etc.

September 20-25; *Place*: London; *Organising Body*: Chartered Society of Massage and Medical Gymnastics, Tavistock House (North), Tavistock Square, London, W.C.1; *Subject*: Massage, Remedial Exercises, Light and Electro-Therapy Congress. The Syllabus includes: Lectures, visits to Hospitals, etc.

September 24-27; *Place*: Cambridge; *Organising Body*: Association of Special Libraries and Cambridge Bureau, 31 Museum St., London, W.C.1; *Subject*: Special Libraries Conference. The Syllabus includes: Papers on appropriate subjects, followed by discussion.

Transportation North of the Peace

MURIEL CLAXTON,
Public Health Nurse, Cecil Lake, B.C.

The means of transportation for the public health nurse has always, I believe, been a bit of a problem, especially in a rural district. The question is how to get the nurse conveyed to and from her work, be it patients, schools, or clinics, with the least possible expenditure of money, time, and energy. There are, of course, many ways she may travel—from aeroplane to snow-shoes—but not all equally practicable. The means of transportation has to be suitable to local conditions, and usually the cost of maintenance is of vital importance. If it is financially possible, of course, a small car is the ideal; that is, when climate and road conditions are equally possible.

I have now worked north of the Peace River for five years, and have travelled to my patients and to scattered schools in many different ways. At first there was the old Ford car, lent to the nurse "for the duration" (of the car!). "Eliza" was faithful, even if not much to look at. She certainly lacked many things that the average car is expected to possess; but she had a wonderful engine (so every one said) and a willing spirit, and altogether a nice disposition. Many a time she was left in a mudhole or astride a stump while I journeyed on to my patient on foot, but she was useful on the roads and saved much time. The horse was used for the trails and more difficult trips, and during the many months of the year when "Eliza" was snowed up or laid off on account of mud. Of course, she was an expense to run, with gasoline at fifty cents a gallon, very shaky and bumpy to ride in, draughty after the glass in her windshield was bumped out, and dreadfully noisy, but there were many regrets when she finally gave up the ghost. Her engine now saws wood in Fort St. John, while her body, converted into a sort of buggy, is pulled around by horses! How have the mighty fallen!

After the demise of the car I stayed steadily with the saddle-horse, varied by "Shanks' mare", except when I was fetched to a patient, when I travelled in a diversity of rigs—from a stone-boat to a dog-sleigh, including a hay-rack, a grain-box wagon, a home-made cutter, a comfortable heated caboose, a bob-sleigh, and many others. Generally speaking, the roads have improved in the last few years, making transportation easier; but there are still parts of my district almost impossible to get at, except in winter, on account of the muskegs. The steep hills with their winding, precipitous roads present a real obstacle to easy and safe travelling, especially after a Chinook, when the surface becomes glare-ice. Taking a patient to a hospital over such a hill is quite a difficult procedure and requires real teamwork.

At one time, transporting an old lady with a dislocated shoulder, we made a safe journey down an icy hill by several

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men going ahead early in the morning with picks and cutting a groove in the ice to take the sleigh runners at the most dangerous points, while another man, riding a steady sharp-shod horse, was hitched on behind the sleigh to act as an anchor and hold it from swinging around. It was rather a perilous ride, but, fortunately, the patient was the least concerned of the party, and we reached the bottom safely and thankful. The hill on the south bank of the river was less icy and more easily navigated.

Riding horseback when the temperature is very far below zero is a cold business, and then, if time permits, I prefer to walk. At present I am considering training my two dogs to pull me on a light toboggan. With such a small team I could not expect to go far or over bad trials, but they might manage my hundred pounds on good trails, and it would be decidedly warmer than perched up on a horse.

Of all the many ways I have travelled to visit a patient, perhaps the most unusual (and undignified) was on hands and knees. Hearing that there was a sick child on the other side of the lake, I left my unshod horse at the house I was visiting. I then proceeded to walk the odd half-mile or so across the ice, instead of going two or three miles around. For some way out from the shore the ice was comfortably covered with snow, but out in the wind-swept centre it was well-polished ice and I found myself sitting down suddenly every few yards. Finally, in desperation, I took to my hands and knees and crawled across the lake nearly to my patient's door.

Surely there are many ways for a nurse to travel about her district!

Reprinted from the Public Health Nurses Bulletin, issued by the Provincial Board of Health of British Columbia.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

National Committees

In December 1936, these *Notes* announced the personnel of the majority of the Special Committees appointed to assist in promoting the work of the Canadian Nurses Association during the present biennial period. At that time the personnel of several committees had not been completed. Those Committees are:

Health Insurance and Nursing Service, appointed first in 1934; Convener, Miss J. I. Gunn, Toronto General Hosptal; Misses G. M. Fairley, K. I. Sanderson and F. Walker, Vancouver; Misses R. M. Simpson and A. F. Lawrie, Regina; Miss E. Smith, Moose Jaw; Misses M. L. Moag, E. M. Beith and E. F. Upton, Montreal; Misses E. L. Moore, E. Cryderman, M. E. Fitzgerald and J. E. Browne, Toronto, and Miss E. L. Smellie, Ottawa. This Committee is to make a study of and to keep closely in touch with, health insurance schemes; to have information available as may be required by the Association in the event of the adoption of a general plan of health insurance, provincial or federal.

Community Nursing Service Bureau, appointed 1936; Convener, Miss R. M. Simpson, Department of Health, Parliament Buildings, Regina; Miss M. F. Gray, Vancouver; Miss A. F. Lawrie, Regina; Misses J. I. Gunn and E. L. Moore, Toronto; Miss G. M. Bennett, Ottawa and Miss M. Murdoch, Saint John. This Committee is to discuss with the Victorian Order of Nurses for Canada the question of the establishment of community nursing service bureaux, then to report its findings to the Executive Committee.

Committee to watch for the use of the nurse's figure in non-professional advertising, appointed 1932; Convener, Miss Margaret Kerr, Eburne, B.C.; Miss E. Fenton, Halifax; Miss M. Mathewson, Montreal; Miss M. E. Fitzgerald, Toronto; Miss P. Gilbert, Calgary.

Committee to study the development of the religous influence in the life of the nurse, appointed 1936; Convener, Miss M. L. Moag, 1246 Bishop Street, Montreal; Provincial Representatives. Miss A. L. Conroy, (Alta.), Miss K. Motherwell, (B.C.), Miss J. Moody, (Man.), Miss E. M. Tulloch, (N.B.), Miss L. G. Hall, (N.S.), Miss M. B. Anderson, (Ont.), Miss E. C. Coles, (P.E.I.), Miss M. Batson, (Que.), Miss G. M. Fitch, (Sask.).

The International Congress

Nurses in Canada who are planning to attend the Congress of the International Council of Nurses in London, July 19-24, are reminded that only members of the Canadian Nurses Association are eligible for Congress registration, namely, members in good standing in the Provincial Registered Nurses Associations. Identification certificates to confirm that membership may be obtained from the Executive Secretary. The Identification certificate is also required to establish the eligibility of the applicant, as a member of the Canadian Nurses Association, for enrolment with the Congress Tour Party.

The Arrangements Committee of the International Council of Nurses has authorized Thos. Cook and Son, Limited, to act as the official transportation agency in each country and to collect the

Congress registration fee of $2.50 from all individuals who are attending the Congress. Prior to leaving Canada, *every* nurse must obtain her Congress registration card from Cooks. This ruling applies to *all* nurses, whether enrolled with the Official Tour Party or travelling independently.

The Canadian Nurses Association is co-operating with Thos. Cook and Son, Limited, in the organisation of an all-expense tour to the Congress and in the selection of European travel following the Congress. A large number of bookings are already listed with the Official Party. While the Association still holds an option on cabin, tourist and third class steamship space, nurses who wish choice of accommodation are urged to enrol without delay. After May 1, steamship options will be subject to revision at frequent intervals.

The Congress Tours booklet may be obtained from the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, or from Thos. Cook and Son, Ltd., 1455 Union Ave., Montreal. The booklet, attractively illustrated, outlines various itineraries at attractive rates and gives information concerning travelling facilities.

International Bazaar

An announcement of the International Bazaar, sponsored by the British Red Cross Society in support of the Florence Nightingale International Foundation appears elsewhere in this *Journal*.

The chairman of the Canadian Florence Nightingale Memorial Committee has asked the conveners of the Provincial Florence Nightingale Memorial Committees to receive all donations from their respective provinces. These conveners will then forward all contributions to the Canadian Red Cross Headquarters in Toronto for shipment overseas. May 10 is the final date on which parcels can be received at Toronto. The names and addresses of the provincial conveners are: Alberta: Miss G. Smiley, University of Alberta Hospital, Edmonton; British Columbia: Miss K. I. Sanderson, 1675 West 10th. Ave., Vancouver; Manitoba: Miss R. Dickie, 103 Chestnut Street, Winnipeg; New Brunswick: Miss F. E. Coleman, Tuberculosis Hospital, East Saint John; Nova Scotia: Miss M. J. Graham, 413 Dennis Building, Halifax; Ontario: Miss R. E. Hamilton, 621 Jarvis Street, Toronto; Prince Edward Island: Miss I. Gillan, Department of Public Health, Charlottetown; Quebec: Miss M. K. Holt, The Montreal General Hospital, Montreal; Saskatchewan: Miss A. F. Lawrie, Regina General Hospital, Regina.

Special Courses

The Florence Nightingale International Foundation has announced that special arrangements may be made for individuals or groups of nurses who expect to attend the International Congress and wish to spend some time in studying any special branch of nursing in which they are specifically interested. These arrangements are supplementary to the regular Courses offered under the auspices of the College of Nursing and other organizations, announcement of which appears elsewhere in this issue of the Journal.

Nurses who wish to make application for specially arranged plans of study, which are not covered by the regular series mentioned above, should communicate as soon as possible with Miss Jean S. Wilson, secretary, of the Canadian Florence Nightingale Memorial Committee, 1411 Crescent St., Montreal. All applications must be endorsed by the Canadian Committee and must reach London before June 1, 1937.

Scholarship

The Scholarship Award Committee found it necessary to report to the Exec-

utive Committee of the Canadian Nurses Association in meeting on March 6, that it had been impossible to reach a final decision whereby the selection of a candidate could be submitted for approval by the Executive Committee at that meeting.

Twenty-six applications for the Scholarship were forwarded to the Award Committee. In the opinion of the Committee there are certain candidates whose qualifications entitle them to fairly equal claim, therefore, very careful consideration must be given to those applications. Consequently, inability to announce, in this issue of the *Journal*, the Scholarship Student selected for the year 1937-38, must be reported with regret. As soon as the Committee advises the President of its final decision, a sub-committee of the Executive will be called to receive the decision and to give approval thereof.

Coming Events

A Silver Anniversary

The members of the Registered Nurses Association of British Columbia are holding their Silver Anniversary this year and April 2 and 3 have been chosen as the dates for their twenty-fifth Annual Meeting. The meetings are to be held in Vancouver at the Hotel Georgia.

On Friday, April 2, Dean Ramsay Armitage, D.D., will open the proceedings with the Invocation; this will be followed by the President's address and reports from the Standing Committees. A dinner will be held in the evening at the Hotel with Miss Henrietta M. Adams, Educational Director, Harbour View Hospital, Seattle, Washington, as the guest speaker. The subject of her address will be: "Nursing the public at home and abroad".

On Saturday, April 3, the afternoon meetings will be held at the Hotel Georgia,

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London, July 19 to 24

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when reports from Special Committees will be given. The evening meeting will be held in the Nurses Residence, St. Paul's Hospital. The guest speakers will be D. D. Freeze, M.D., who will give a talk on "New drugs in Surgery", and Miss H. Keeler, R.N., who will give a talk on "Laboratory reports and their significance to the nurse". At the conclusion of these meetings the staff of St. Paul's Hospital has extended an invitation to an informal reception.

The I.C.N. Congress

As the Congress approaches the more lavish become the offers of hospitality. From *The British Journal of Nursing* we learn that the following invitations have already been accepted:

July 11, Reception of welcome by the National Council of Nurses of Great Britain to members of the Grand Council I.C.N., 4.30 p.m., at 39, Portland Place, W.1.

July 12, Dinner by the Hospital Matrons' Association.

July 13, Dinner to Grand Council, in the Great Hall, St. Bartholomew's Hospital, 8.30 p.m., by invitation of the Treasurer.

July 15, Dinner and Reception, Grand Council, at St. Thomas's Hospital, by invitation of the Treasurer.

July 16, Visit of Homage to the grave of Miss Florence Nightingale at East Wellow Tea at Embley Park by invitation of Mr. and Mrs. J. J. Crosfield. Coaches and luncheon provided by the Matrons' Council of Great Britain, the British College of Nurses, the Association of Hospital Matrons, the Royal British Nurses Association participating.

Other offers of hospitality are being considered among which are the following:

Garden Party at the London Hospital, by invitation of the Chairman.

Reception by the Lord Mayor and Corporation of London at the Guildhall.

The British College of Nurses, 39, Portland Place, open to visitors, hospitality offered.

The Sister Tutor Section of the College of Nursing is producing a History of Nursing Pageant at the New Scala Theatre, Thursday, July 22, 5 p.m. and 9 p.m., and Friday, July 23, 2.30 p.m.

The Cowdray Hall, College of Nursing, will be open each night for international visitors who have no other engagements. Various nursing associations will act as hostesses.

Garden Party at the Bethlem Royal Hospital.

OPPORTUNITY BECKONS

Royal Alexandra Scholarship

The Alumnae Association of the School of Nursing of the Royal Alexandra Hospital, Edmonton, offers a Scholarship to a graduate of this School who is in good standing in the Association. The sum of $250.00 will be provided if the applicant proposes to take a postgraduate course in a University. If the course is to be taken in a Hospital, the amount available is $125.00. Application forms may be obtained from the Scholarship Committee at the Royal Alexandra Hospital, Edmonton, Alta. Applications will be received until June 1, 1937.

Interest in our project for an annual scholarship is decidedly on the increase. The Women's Auxiliary of the Hospital recently contributed $100.00 toward it, and one of their members made a beautiful hooked rug on which we sell tickets to swell our funds. Other means by which we have raised the money include garden parties, a dance sponsored by the general duty nurses, a donation of $50.00 from the Student Government Association, and dona-

EMMENIN

at the menopause

The value of Emmenin in the treatment of menopausal symptoms has been ably demonstrated by many clinicians. Several papers have been published on this subject and it is particularly interesting to note that the most distressing symptoms of the menopause,—the hot flushes, mental irritability and physical weakness—usually show a gratifying response to Emmenin. The fact that Emmenin is orally-active constitutes a decided advantage where other than oral therapy might cause an unfavourable reaction.

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EMMENIN

in menstrual migraine

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tions from the hospital nursing staff and some of our graduates who are members of the Provincial Public Health Nursing Staff.

Miss Genik who was awarded the Scholarship last year is enjoying her course very much, and in her letters to the Association has given us an interesting history of the development of the School of Nursing of the University of Toronto, particularly in its relation to public health nursing.

A.R.N.P.Q. Scholarship

Miss E. Frances Upton, Executive Secretary and Registrar of the Registered Nurses Association of the Province of Quebec, has asked the *Journal* to publish the following statement:

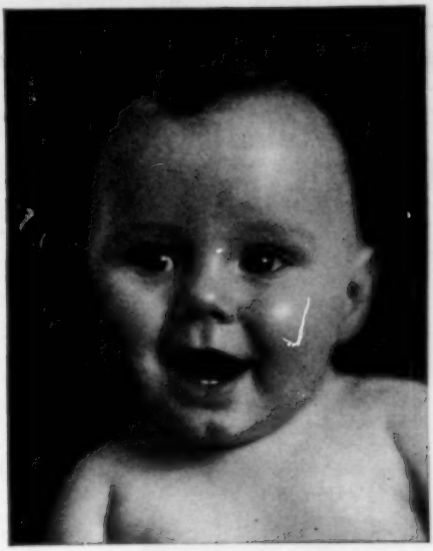
The Board of Management of the Association of Registered Nurses of the Province of Quebec is pleased to announce that two scholarships will be awarded this year, amounting to $250.00 in each case, to English—and French-speaking members who are in good standing in the Association. The purpose of these scholarships, is to assist members who wish to follow the courses given either under the auspices of the School for Graduate Nurses of McGill University, or under those of L'Ecole d'Hygiène sociale appliquée, Université de Montréal.

Application forms will be obtained at the office of the Association, Ste. 1019, 1538 Sherbrooke St. West, Montreal, and must be completed and returned before June 1, 1937.

ANNUAL MEETING IN QUEBEC

In the March issue of the *Journal* reference was made to the delightful dinner which marked the opening of the annual meeting of the Association of Registered Nurses of the Province of Quebec. At its close a business meeting took place when reports covering all activities of the Association were presented in both languages. Miss Martha Batson, convenor, Nursing Education Section (English group) was in the chair during the afternoon session on Feb. 11 and the speaker of the afternoon, Dr. Guilbeault, was introduced by Mlle Suzanne Giroux. His topic was "The Normal Child." The attendance was 700, including many school teachers, social service workers and medical students. The president, Miss Caroline V. Barrett, presided at the evening session. The guest speaker, M. Guy Vanier, was introduced by Dr. J. A. Beaudoin, and chose as his topic "Good Sense and Happinesss." The report of the French-speaking delegate to the Biennial Meeting of the Canadian Nurses Association (Rév. Soeur Gauthier) was read by Mlle Suzanne Giroux and enthusiastically received.

On February 12th the regular session, for religious Sisters only, was held at Hôtel-Dieu, the Rév. Soeur Valerie de la Sagesse, convener of the Nursing Education Section (French group), presiding. This session was attended by the directresses and instructors of all French schools in the Province which are conducted by Sisters. The meeting was addressed by Dr. E. P. Benoit, chairman Committee on Nursing, Faculty of Medicine, University of Montreal. The President presided at the evening session. A vivid account of the Biennial Meeting of the Canadian Nurses Association was given my Miss E. Frances Upton. The speaker of the evening, Dr. W. E. Blatz, was introduced by Dr. A. Grant Fleming. Over 500 were present including many school teachers and



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social service workers. The presence of teachers at the various sessions is the result of a co-operative effort on the part of the Provincial Association of Protestant Teachers of Quebec and the A.R.N.P.Q., to establish a closer relationship between the two groups.

The following were elected to the Board of Management for a term of two years: Miss Mabel K. Holt, Miss Margaret L. Moag, Miss Catherine M. Ferguson, Miss Eileen C. Flanagan, Miss Marion E. Nash. The officers of the Board for the year 1937 were elected as follows: President, Miss M. L. Moag; vice-president (English), Miss C. V. Barrett; vice-president (French), Mlle A. Marchessault; Hon. secretary, Mlle Suzanne Giroux; Hon. treasurer, Miss C. M. Ferguson. Members without office: Miss M. K. Holt, Rév. Soeur Gauthier, Miss E. C. Flanagan, Mlle Juliane Labelle, Miss M. E. Nash.

Excellent reports of the activities of the three Sections were presented by the conveners. Miss Margaret Brady spoke for the Public Health Section, Miss Martha Batson for the Nursing Education Section and Miss Lottie Urquhart for the Private Duty Section.

An extremely interesting report was given by Miss E. F. Upton, Executive Secretary-Registrar and Official School Visitor of the A.R.N.P.Q. The following summary will serve to outline some of its outstanding features:

Active membership: The total active membership is 3531, of whom 483 joined the Association during 1936. The number of English-speaking members is 1782, and the French-speaking membership is 1749. The total number of members of the non-active list is 1400. The members of the A.R.N.P.Q. are divided into service groups as follows: Private Duty: 1479; Institutional: 1431; Public Health: 563.
National Enrolment: An explanatory pamphlet concerning the plan for national enrolment, together with application forms, have been issued with every registration certificate, and the number of nurses newly enrolled during the year was 91.
Scholarships: Two scholarships were available for members of the Association wishing to take up post graduate study in university schools in the Province of Quebec. Seventeen applications were presented for consideration and the awards were made to Miss Gertrude Yeats and Mlle Suzanne Favreau.
Special Committees: All the Special Committees reported marked activity. Considerable progress has been made in the creation of a nursing service bureau. A description of this enterprise was published in the February issue of *The Canadian Nurse*. The French nurses have accomplished much for the betterment of registry service through the organization of Registre Ville-Marie.
New headquarters: The Association is now installed in its new headquarters situated in the Medical Arts Building.

In the report of her work as Official School Visitor Miss Upton gave ample evidence of the marked progress which is being made in the schools of nursing in Quebec. A statistical summary follows. There are 1630 students in approved schools of the Province and 1431 registered nurses are employed in the general hospitals of Quebec. Twenty-eight approved schools provide special courses for their students through affiliation with special hospitals. Approximately 425 students from Quebec schools completed affiliated courses in 1936. Seventeen schools outside the Province affiliated for special courses offered in Quebec and 80 students from these schools completed this course in 1936. One hundred and thirty-five post graduate students completed courses in Quebec hospitals in 1936.

In conclusion, Miss Upton paid a high tribute to the great value of the new Curriculum which is now available in both French and English.

At a subsequent meeting, the Advisory Board and the Board of Management were named as follows: *Advisory Board*: Misses Mary Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcellin, Mlle Maria Beaumier; President, Miss Margaret L. Moag; Vice-President (English), Miss C. V. Barrett; Vice-President (French), Mlle Alexina Marchessault; Honourary Secretary, Mlle Suzanne Giroux; Honourary Treasurer, Miss C. M. Ferguson; *Members without*

Office: Rév. Soeur Gauthier, Misses Mabel K. Holt, Eileen C. Flanagan, Marion E. Nash, Mlle. Juliane Labelle; *Conveners of Sections*: Private Duty (English Group), to be appointed; (French Group), Mlle Claire Godbout, Hôtel-Dieu de Montréal; Nursing Education (English Group), Miss Martha Batson, The Montreal General Hospital; (French Group), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montreal; Public Health (Bi-lingual), Miss Margaret I. Brady, Chandler House, Richmond Square, Montreal; *Board of Examiners*: (convener), Miss Olga Lilly, Royal Victoria Montreal Maternity Hospital, Misses Marie DesBarres, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Building, 1538 Sherbrooke St. West, Montreal.

THE VICTORIAN ORDER

Miss Sylvia Battersby has resigned from the Kirkland Lake Branch and is on leave of absence from the Victorian Order of Nurses for Canada. Miss Monica Nugent has resigned from Kitchener Branch and the Victorian Order of Nurses for Canada. Miss Harriet Brydon has resigned as nurse-in-charge of our New Liskeard Branch and Miss Elsie Franks, formerly staff nurse in York Township, will replace her in March. Miss Lucy Mackwood has been temporarily appointed as staff nurse in the York Township Branch. Miss Rolande Blais has been appointed to our Border Cities staff.

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NIGHTINGALE MEMORIAL FUND

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Alberta

A.A., Calgary General Hospital	$10.00
Private Duty Nurses, Calgary G.N.A.	10.00
Student Nurses, Vegreville General Hospital	5.00
Graduate Nurses, Royal Alexandra Hospital, Edmonton	11.00

British Columbia

Sisters of St. Ann, Lourdes Hospital, Campbell River	$ 5.00
Nursing Staff, Prince Rupert General Hospital	13.00
Nursing Staff, Shaughnessy Hospital, Vancouver	11.00
Graduate Nurses Association, Victoria	11.20

Nova Scotia

Pictou County Branch, R.N.A.N.S.	5.00
A.A., Victoria General Hospital, Halifax	10.00

Ontario

Ontario Division, Canadian Red Cross Society	25.00
A.A., Brantford General Hospital	15.00
A.A., Hamilton General Hospital	15.00
A.A., Kingston General Hospital	10.00
Edith Cavell Nurses Association, London	10.00
A.A., St. Joseph's Hospital, London	10.00
A.A., Owen Sound General Hospiatl	10.00
Graduate Nurses Association, St. Catherines	5.00
A.A., St. Joseph's Hospital, Sudbury	5.00
A.A., Smiths Falls Public Hospital	5.00
Community Health Association, Toronto	10.00
A.A., St. John's Hospital, Toronto	5.00
A.A., Hospital for Sick Children, Toronto	25.00
Staff and Students, Hospital for Sick Children, Toronto	34.00
A.A., Grace Hospital (S.A.), Windsor	10.00
A.A., Woodstock General Hospital	5.00
Florence Nightingale Club, Renfrew	5.00

Prince Edward Island

Registered Nurses Association of Prince Edward Island	50.00

Quebec

Miss Edith F. Trench, Montreal	5.00

Saskatchewan

Student Nurses, Regina General Hospital	15.00
Student Nurses Association, Saskatoon City Hospital	5.00

Obituary

RODGER—The death occurred recently, in Sheffield, England, of Matilda Greenwood John, beloved wife of Captain W. A. Rodger, R. E. Mrs. Rodger was a graduate of the School of Nursing of the Vancouver General Hospital and served overseas with the British Columbia Unit No. 5 C.A.M.C. Many of the overseas group will remember Mrs. Rodger as Nursing Sister John, and will regret the death of their comrade.

VIBERT—The death occurred on February 15, 1937, at the Regina General Hospital, of Mrs. A. P. Vibert, a member of the Class of 1925, of the Regina General Hospital Training School. Mrs. Vibert, before her marriage, was Miss Grace Burnett.

NEWS NOTES

BRITISH COLUMBIA

DUNCAN: The latest Association to be formed in British Columbia has been organized by the group of nurses who live and work in the Cowichan District of Vancouver Island. The new Association has been given the name of the Cowichan Graduate Nurses Association of Duncan. At a recent meeting the following officers were elected: President, Miss H. Kilpatrick, Halth Centre, Duncan; vice-president, Miss K. Sherrick, King's Daughters' Hospital, Duncan; secretary-treasurer, Miss G. Owen, R. N., King's Daughters' Hospital, Duncan.

MANITOBA

BRANDON: The private duty section of the Graduate Nurses Association held their meeting at the Brandon General Hospital on March 2nd. After a short business meeting Mrs. L. Fletcher introduced Dr. S. J. S. Pierce the guest speaker, who gave an interesting illustrated lecture on Michael Angelo, his life and work. Miss Bernice Greenaway voiced the appreciation of the audience.

WINNIPEG: The Alumnae Association of the Winnipeg General Hospital reports the activities of its members as follows: Miss Isobel Fleming (1921) has recently been appointed to the staff of the Single Women's Relief Department of Manitoba; Miss M. Gibson (1935) is at present on the staff of the Memorial Hospital in Duluth; Misses B. Maynes (1934) and Miss Kuchinka (1934) recently spent a few days in Winnipeg. They are on duty at the State Sanatorium Ah-gwa-ching, Minnesota. Misses M. Dodd and O. Henderson have gone to Fredericksburg, West Virginia; Misses C. Short (1935) and E. Stephenson (1935) are now in Geneva, New York State; Miss B. Irwin (1934), who is on the staff of the Cook County Hospital, Chicago, recently spent a few days with friends in Winnipeg; Miss G. McLachlan (1934) is now nursing in Rochester; Miss Maimie Ellis (1921), of Kitchener, Ont., visited Winnipeg recently on her way home from Vancouver.

NEW BRUNSWICK

FREDERICTON: At the February meeting of the Fredericton Chapter of the Registered Nurses Association of New Brunswick, a very interesting address was given by Dr. Gilbert Turner, his subject being pediatrics.

FREDERICTON: The Alumnae Association of the Victoria Public Hospital recently held its annual dinner and first bi-annual business meeting. Forty-six members were present. Mrs. Woodcock, superintendent of the Victoria Public Hospital, and the graduating class of 1937 were the guests of the Alumnae members. Miss Dorothy Parsons, president of 1936, was in the chair. Mrs. Woodcock addressed the graduating class and toasts were proposed by Miss Edith C. Brown. The following officers were elected for 1937: President, Miss Marguerite Jewitt; first vice-president, Mrs. David Evans; second vice-president, Mrs. Nelson Scott; secretary-treasurer, Mrs. Bertha Colter.

SAINT JOHN: A meeting of the Saint John Local Chapter of the Registered Nurses Association of New Brunswick was held recently at St. Joseph's Hospital, with the newly elected president, Miss A. B. Carson, in the chair. Miss Helen Lynch, secretary, and Miss Mary Fitzgerald, treasurer, who are also newly elected officers, took up their duties for the first time. There was an unusually large attendance of members. An instructive address on the diseases of the kidneys was given by Dr. J. K. Sullivan.

Miss Rowena Bradshaw (Saint John General, 1936) and Miss Janet Brown (Saint John General, 1935) have completed postgraduate work at the Saint John Tuberculosis Hospital. Miss Helen Cahill, supervisor of the Nesbitt Memorial Wing of the Tuberculosis Hospital, East Saint John, has returned after taking postgraduate work in Boston and New York and has resumed her duties.

WOODSTOCK: The regular meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital took place at the home of Mrs. Kenneth Hayden, with Mrs. W. B. Manzer, president, in the chair. After the usual business had been transacted a social evening was enjoyed. A delightful bridge was held recently under the auspices of the Association. The prizes were won by Mrs. Ted Dickson, Mrs. W. S. Sutton, Miss Tulloch, Miss Louise Blue, Mrs. R. E. Holyoke, Dr. J. B. Valentine, Dr. E. F. Woolverton and Mr. Geo. Glew. The proceeds were used for hospital purposes.

NOVA SCOTIA

ANTIGONISH: The School of Nursing of St. Martha's Hospital opened on September 1, with an enrollment of 72 student nurses. Five copies of "The Proposed Curriculum" have been distributed to the Faculty of St. F. X. University, Bethany, Sister Superior, School Office and Student's Library. The teaching staff has been enriched by the generous assistance of Rev. D. J. MacDonald, Rector of St. F. X. Uni-

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EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

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HELEN CARRUTHERS Reg. N.

versity. Dr. MacDonald is teaching "Introductory Sociology for Students of Nursing" and later in the year Rev. J. C. Chisholm will teach advanced anatomy and physiology, and Rev. Doctor M. MacLellan will teach mental hygiene. Sister M. Clarissa, B.Sc., is teaching dietetics, chemistry and physics. The students recently entertained the Sisters on the occasion of Sister Superior's feast day.

The staff conference is a most valuable, but often neglected factor in the hospital family life. It is well known that the morale of an organization takes its pattern from the top, but it is not so well understood that there should be a definite means by which the top can distribute the pattern. A properly conducted conference is the logical way to communicate the attitude of tolerance, helpfulness, and enthusiasm from the highest to the lowest of the hospital family. To be successful there should be a definite plan for the conduct of such meetings, and here are a few of ours: We plan to meet every first and third Wednesday of each month. Improvements and suggestions in nursing technique are to be discussed. The new Curriculum will be given a thorough study, each Sister being assigned definite chapters. Papers on administration and supervision will be prepared, and read at the meetings.

ONTARIO

KITCHENER: The annual meeting of Kitchener-Waterloo Chapter, of Districts 2 and 3, Registered Nurses Association of Ontario, was recently held with an attendance of fifty nurses. An interesting address by Dr. Mildred Wagner on "The newer developments in medicine" was enjoyed and thoroughly discussed. Miss Ashplant newly appointed to the Kitchener branch, and Miss Mickleborough who is the Ontario Supervisor of the Victorian Order of Nurses, were in attendance. A presentation to Mrs. William Knell in recognition of twenty years' service in the interest of graduate nurses in Kitchener and who held the office of treasurer during this time, was made by Miss Winterhalt. The officers for 1937 were elected as follows: President, Miss A. E. Bingeman; vice-president, Miss Flannagan; secretary, Miss Solicter; treasurer, Miss Hallman; convener of nominating committee, Miss Hummell. At a recent meeting of the Chapter the president, Miss Bingeman, led the discussion on Dominion Registration. Great interest was shown, resulting in a number of questions drawn up to be presented at the District meeting to be held in Brantford. There was a good attendance.

BRANTFORD: The staff of the Brantford General Hospital gave an At Home for Miss Jessie M. Wilson, prior to her leaving to take up her new duties as superintendent of the Memorial Trust Hospital, St.

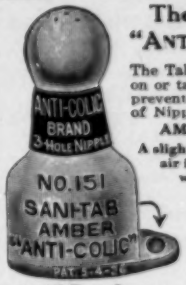
Thomas, Ont. The Alumnae Association entertained the Florence Nightingale Club on March 2.

District 5

Orillia: Three interesting addresses were given at a recent meeting of Chapter 2, District 5, R.N.A.O., held at the Nurses Residence of the Soldiers' Memorial Hospital, the speakers being Miss Fairley, instructress of nurses at the Soldiers' Memorial Hospital, Miss Robertson, supervisor of the Queen Mary Maternity Section of the hospital, and Miss Grace McHattie, private duty nurse. Miss Olive Waterman, superintendent of the hospital, presided. Miss Fairley gave an informative report of the recent District meeting held recently in Toronto, at which Miss Waterman, of Orillia, was elected one of the councillors for District 5. Miss E. Robertson reported on a refresher course which she had attended at the University of Toronto, speaking particularly of the work of supervisors and instructors in the hospitals. Miss McHattie spoke of the eight-hour day for private duty nursing, showing that this plan had more benefits than the twelve-hour system. At the close of the meeting, the members of the staff of the Soldiers' Memorial Hospital and members of the Alumnae Association were hostesses at the tea hour. Nurses were in attendance from Barrie, Alliston and Orillia.

Toronto: Miss E. MacPherson Dickson, chairman of the national committee appointed by the Canadian Nurses Association to study the question of Dominion Registration, addressed a well attended meeting of District 5 of the Registered Nurses Association of Ontario held on March 5. Miss Irene Weirs, the recently elected chairman, then admirably conducted a discussion which bespoke much earnest, previous thought. Miss Dickson and Miss Millman gave valuable assistance. Miss Jean Browne, seconded by Miss Locke, moved that a synopsis of the discussion and recommendations be sent, as an expression of opinion, to the annual meeting of the R.N.A.O., which is to be held in London. Miss Browne moved a vote of thanks to Miss Dickson who replied that she could see that her committee would have much work to do and that it would be stimulated by new thought.

Toronto Hospital for Sick Children: The Alumnae Association of the Hospital for Sick Children has sustained a great loss in the sudden death on January 17, 1937, of a very distinguished member, Miss Nora Moore. Miss Moore maintained a constant interest in her Training School and Alumnae Association, and the deepest regret is felt by all her associates.



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District 8

Ottawa: The annual meeting of District Eight, Registered Nurses Association of Ontario, was held on February 11. At the afternoon meeting Miss Elizabeth L. Smellie, C.B.E., R.R.C., spoke on "The Common Task," outlining the objectives of the Canadian Nurses Association, Miss E. B. Rogers of the staff of the Ottawa Civic Hospital gave a very timely and interesting paper on "The Proposed New Curriculum" at the evening session, and Miss M. K. Clifford, M. A., Paed. B., gave a most instructive talk on "Current Events" reviewing the world situation and quoting from some of the leading economists as to their ways of remedying it.

The following officers were elected: Chairman, Miss Maude Hall; vice-chairman, Miss Evelyn Pepper; secretary, Miss Elma Coon; treasurer, Miss Evelyn Allen; *Councillors*: Miss Jean Church, Miss Gladys Clarke, Miss Margaret M. Jones, Miss Mima MacLaren, Miss Edna Osborne, Miss Grace Tanner.

The Nurse Education Section of District Eight, R.N.A.O., held its annual meeting at the Ottawa Civic Hospital recently, with Miss Effie McIlraith in the chair. Miss Marjory Bradford, of the Canadian Welfare Council addressed the group on the work of the Council. Reports of the Refresher Course recently given under the auspices of the School of Nursing of the University of Toronto for head nurses proved both interesting and instructive. All who attended were most enthusiastic. Miss Gertrude Ferguson was elected chairman of the Nurse Education Section for the coming year.

Miss Madelene Baker, of London, Ont., recently addressed the registered nurses of Ottawa. Her subject was the eight-hour day. Keen interest was manifested by the large and representative audience.

Ottawa Civic Hospital: Some interesting appointments have recently taken place among our members. These include the following: Miss Marguerite Nixon (O.C.H., 1932) has been appointed superintendent of the Protestant Infants Village, in Ottawa; she had recently taken a postgraduate course at the Ontario Hospital, Whitby, Miss Grace Baldwin (O.C.H., 1933) has recently been appointed to the Department of Health, Ottawa, as public health nurse. Miss Jean P. O'Leary (O.C.H., 1936) is taking a postgraduate course at the Manhattan Ear, Nose and Throat Hospital, New York. Miss Helen Powers (O.C.H., 1936) is taking a postgraduate course in obstetrics at the Sloane Hospital for Women, Columbia Medical Centre, New York.

Married: On Feb. 23, 1937, Miss Bertha

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AT DRUGGISTS AND GROCERS

Bartram (O.C.H., 1930) to Dr. Joseph Stockhausen.

OTTAWA GENERAL HOSPITAL: The officers of the Alumnae Association of the Ottawa General Hospital for the coming year are: Honorary President, Rev. Sister Gabriel of Jesus; president, Miss Gladys Clarke; first vice-president, Miss Mae Landreville; second vice-president, Miss Alice Proulx; secretary- treasurer, Miss Joan Stock; membership convenor, Miss Irene Rogers; *Councillors*: Rev. Sister Flavie Domitille, Mrs. Latimer, Miss K. Bayley, Miss J. Robert, Miss E. Desormeaux, Miss F. Nevins; representatives: to Central Registry, Miss Mae Landreville, Miss Bertha Lynch; to *The Canadian Nurse*, Miss Bernadette Legris.

OTTAWA: Mrs. William H. Johnstone recently extended the hospitality of her home for a tea and money shower in aid of St. Luke's Hospital Nurses Alumnae Association. The hostesses were assisted in receiving the guests by the president, Miss Norma Lewis. The tea table was presided over by Miss Emily Maxwell, O.B.E., Miss M. Nelson and Miss G. Woods. Those assisting were Mrs. M. S. McAdam, Mrs. H. J. Code, Mrs. J. Powers and Miss P. Ross.

PEMBROKE: Miss Edith R. Dick recently addressed an enthusiastic gathering at the General Hospital. Miss Dick spoke on many phases of the work of the R.N.A.O., placing great stress on the advantages of the individual nurse having membership in the organization. In view of the large attendance, it has been suggested that a Chapter might be formed in Pembroke.

DISTRICT 9

NORTH BAY: Miss Alice Quinlan is spending the winter in Florida. Miss Ruth Taylor, of Windsor, Ont., has been appointed to the Branch of the Victorian Order of Nurses, North Bay, to succeed Miss Frances Docker. Following a theatre party given by the North Bay Chapter recently the members were entertained at the home of Mrs. R. Davidson.

SAULT STE. MARIE: Under the convenorship of Miss Mary Delaney, the private duty section of the Sault Ste. Marie Chapter decided to raise the fee from three to four dollars for eight-hour duty. This agreement came into effect on January 1.

QUEBEC

MONTREAL: The Royal Victoria Hospital. Miss Margaret Hickey (R.V.H., 1935), who has been on the staff of the Maternity Hospital, has resigned to be married. Miss Elizabeth Radcliffe (R.V.H., 1935) succeeds her. Miss Lillian Donald (R.V.H., 1929) is taking a postgraduate course at St. Agathe Sanitarium. Miss Lorraine Dodge (R.V.H., 1935) and Miss Evelyn Morehouse (R.V.H., 1935), who have taken this course, have returned to do private duty nursing. Miss Doris Miller (R.V.H., 1935), who has been in charge of the Eye Ward since its opening, and Miss Elaine Corbett (R.V.H., 1935), who has been doing private duty nursing, are now associated with the Victorian Order of Nurses. Miss Doris Smith (R.V.H., 1935) succeeds Miss Miller.

SASKATCHEWAN

REGINA: The annual meeting of the Alumnae Association of the Regina General Hospital was held on Feb. 9, at the home of Miss Rose Pfleuger, with Miss H. Wylie in the chair. The following officers were elected for the coming year: Hon. President, Miss B. Calder; president, Miss H. Lythe; vice-presidents, Miss I. Johnstone and Miss D. Bowie; secretary, Miss B. Langstaff; treasurer, Miss F. Copeman; press reporter, Miss M. E. Brown; sick visiting, Misses D. Westhaver and M. Bearss; lunch, Misses J. Shank, M. Edwards, H. Jolly, programme, Misses F. Copeman, C. Crowe, M. E. Brown; executive, Misses M. Lythe, D. Wilson, H. Wylie, N. Eddy, M. Armatage. The next meeting will be held at the home of Miss H. Jolly.

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

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Quebec: (1) Miss M. L. Moag, 1246 Bishop St., Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) To be appointed.

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcellin, Mademoiselle Maria Beaumier; President, Miss Margaret L. Moag; Vice-President (English), Miss C. V. Barrett; Vice-President (French), Mlle Alexina Marchessault; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office*: Rév. Soeur Gauthier, Misses Mabel K. Holt, Eileen C. Flanagan, Marion E. Nash, Mlle Juliane Labelle; *Conveners of Sections*: Private Duty (English), To be appointed; Private Duty (French), Mlle Claire Godbout, Hôtel-Dieu de Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montreal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Chandler House, Richmond Square, Montreal; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Misses Marie Des-Barres, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive-Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Building, 1538 Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer, Registrar and Training School Advisor, Miss K. W. Ellis, 1761 Scarth St., Regina.

Regina Registered Nurses Association

Hon. President, Miss A. Lawrie; Hon. Vice-President, Sister Mary; President, Miss G. McDonald; First Vice-President, Miss A. McNeil; Second Vice-President, Miss M. McGrath; *Committees*: *Visiting*, Miss D. Kerr; *Entertainment*, Miss H. Jolly; *Press* and Rep. to *The Canadian Nurse*, Miss M. Armatage; Sec., Miss H. Lefebvre, 2128 McIntyre St.; Registrar-Treasurer, Miss M. Armatage.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary, **Miss A. Young, 923-13th Ave. W.**; **Treasurer, Miss Mary Watt, Anderson Apts.**

Edmonton Association of Graduate Nurses

President, Miss Violet Chapman; First Vice-President, Miss M. Fraser; Second Vice-President, Miss M. Deane-Freeman; Treasurer, Mrs. E. World; Secretary, Mrs. A. M. Baird, 11028-107 St.; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. A. Gant; Second Vice-President, Miss M. E. Hutchcroft; Secretary, Mrs. C. R. McKay, 539 Dundee St.; Treasurer, Mrs. C. Pickering; *Committee Conveners*: *Membership*, Miss E. Bagshaw; *Visiting*, Mrs. W. Fraser, Mrs. J. Hill; *Representatives*: to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss C. Clibborn.

BRITISH COLUMBIA

Nelson Registered Nurses Association

President, Miss M. J. Leslie; **First Vice-Pres.**, Mrs. J. G. Bennett; Second Vice-Pres., Miss M. **Ahier**; **Sec., Miss J. McVicar, 628 Mill St., Nelson**; Treas., Miss N. Passmore; *Committee Conveners*: *Programme*, **Miss V. B. Eldt**; *Social*, Miss S. Keeler; *Visiting*, Mrs. D. C. Fraser; *Membership*, **Miss E. Higginbotham**; *Ways and Means*, Mrs. M. Laing; *Private Duty*, Miss L. McVicar.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President Mrs. J. Wright; First **Vice-Pres., Miss E. Hope Gouldburn**; Second **Vice-Pres., Miss E. Gow**; Secretary, Miss E. Wrightman, **447 Columbian St. E.**; **Treasurer, Miss A. Macphail, 319 Sherbrooke St.**; *Committee Conveners*: *Membership*, **Miss K. Stowe**; *Press*, **Miss J. Peele.**

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 586-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives*: to the *Press*, Miss R. McLellan; to *Local Council of Women*, Miss M. Gray, Miss M. Duffield.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, **Miss H. Andrews, 2825 Prior St.; Treasurer, Miss** W. Cooke; **Registrar, Miss E. Franks, 1015 Mirfield Road;** *Executive Committee*: **Misses T.** Locke, F. Crampton, D. Frampton, M. **Sangster.** Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Mrs. L. Fletcher, 231-21st St.; Vice-Presidents, Miss V. Vance, Miss E. Rowlett; Secretary, Miss B. Greenaway, 439 Princess Ave.; Treasurer, Mrs. D. L. Johnson; Registrar, Miss C. Macleod; *Committee Conveners*: *Social*, Miss E. Fotheringham, Miss E. Rowlett; *Visiting*, Miss Leslie; *Cook Books*, Miss A. Bennett; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners*: *Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. Leys, 3545 Parke Ave.; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss F. N. Thomson; Secretary-Treasurer, Miss L. Terrill, 1230 Bishop St.; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, M. MacCallum; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Blk., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: *Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Hon. President, Miss S. MacDonald; Hon. Vice Pres., Miss J. Connal; Hon. Members, Misses M. Moodie, J. Murphy, A. Casey; Pres., Mrs. R. G. Straker; First Vice-Pres., Miss L. Bibby; Second Vice-Pres., Miss M. Mott; Recording Secretary, Mrs. M. McCaffery; Corresponding Secretary, Miss H. Paterson, Calgary General Hospital; *Executive*: Mrs. MacDonald, Mrs. A. Warrington, Miss P. Boden; *Committee Conveners*: *Visiting*, Mrs. Barker; *Membership*, Mrs. H. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Social and Programme*, Mrs. C. Hope; *Refreshment*, Mrs. F. Driscoll; *Archivist and Press Representative*, Miss F. Shaw, 238 Scarboro Ave., Calgary.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Mrs. H. Elwell; First Vice-Pres., Miss Dean-Freeman; Second Vice-Pres., Mrs. J. F. Thompson; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss K. Stackhouse, Royal Alexandra Hospital; Treas., Miss L. Einarson; *Members of Executive*: Misses G. Allyn, M. Fraser, T. Holm; *Committee Conveners*: *Visiting*, Mrs. A. E. Jones; *Social*, Miss A. Wilson; *Programme*, Miss MacGillivray; *News Letter*, Miss M. Fraser.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss H. Peters; President, Miss A. Dickson; First Vice-Pres., Miss R. Thompson; Second Vice-Pres., Miss D. Stephenson; Rec. Sec., Miss M. Hood; Corr. Sec., Miss C. Evenden, 11148-82 Ave.; Treasurer, Miss E. Campbell, University of Alberta Hospital; *Executive Committee*: Mrs. G. Aides, Misses I. Ross, M. Loggan.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners*: *Membership*, Miss M. Moffat; *Refreshment*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist-Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees*: *Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors*: Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sister Krause; Hon. Vice-President, Mrs. H. S. Crosby; President, Mrs. J. O'Shaughnessy; First Vice-President, Miss M. Wilson; Second Vice-President, Miss A. Metcalfe; Corr. Secretary, Miss D. Spooner, 654 Fleet Ave., Winnipeg; Rec. Secretary, Miss L. Rougeau; Treas., Miss A. Sichello; *Committee Conveners*: *Social*, Miss K. McCallum; *Membership*, Miss Z. Beattie; *Visiting*, Miss B. Parenteau; *Press*, Miss H. Chivers-Wilson; *Representatives* to: *Manitoba Association of Registered Nurses* and *The Canadian Nurse*, Miss V. Cobbe; to *Directory Committee of M.A.R.N.*, Miss W. Grice; to *The Local Council of Women*, Mrs. W. McElheran.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener*: *Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss M. E. [illegible] *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners*: *Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss P. Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss K. Wilkins; Recording Secretary, Miss I. McLennan, Winnipeg General Hospital; Corresponding Secretary, Miss H. Ross, 200 Garfield St.; Treasurer, Miss L. A. Warner, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners*: *Membership*, Miss M. Shepherd, King George Hospital; *Alumnae Club*, Miss F. Strattan, 99 George St.; Editor of Journal, Miss J. Moody, 99 George St.; Assistant Editor, Miss H. Miller; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. Pollexfen, Winnipeg General Hospital; *Representative to The Canadian Nurse*, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel, Second Vice-President, Miss M. Fillmore; Treasurer, Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan; Secretary, Miss C. Gleeson Nurses Residence, Saint John General Hospital; *Executive Committee*: Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

A.A., L.P. Fisher Memorial Hospital, Woodstock

President, Mrs. W. B. Manzer; Vice-Pres., Mrs. W. Slipp; Sec. Treas., Mrs. F. Hanson, Woodstock; *Executive Committee*: Mrs. V. Fulton, Mrs. P. Colwell, Mrs. A. Wart, Miss Jackson; *Committees*: Visiting, Miss Gee, Miss Cumming; *Entertainment*, Mrs. Hayden, Mrs. Sutton, Mrs. McElroy.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 7 Brookland St.; *Committee Conveners*: *Visiting*, Miss A. Beaton; *Finance*, Miss L. Turner; *The Canadian Nurse*, Miss C. MacKinnon.

A.A., Victoria General Hospital, Halifax

President, Mrs. J. Graham, 51 Coburg Rd.; Vice-President, Miss A. Cox, T. B. Hospital, Morris St.; Treasurer, Miss Muriel Graham, 71 Jubilee Rd.; Secretary, Miss Dorothy E. Enman, Victoria General Hospital, Halifax.

ONTARIO

A.A., Belleville General Hospital, Belleville

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss Helen Fitzgerald; Secretary, Miss M. E. McIntosh, 191 Ann St.; Treasurer, Miss E. Meeks; *Flower Committee*, Miss T. Bird; Representative to *The Canadian Nurse*, Miss M. Jury.

A.A., Brantford General Hospital, Brantford

Hon. President, Miss E. M. McKee; President, Miss H. Muir; Vice-President, Miss N. Yardley; Secretary, Miss E. Read, Brantford General Hospital; Assistant Secretary, Miss M. Hollinster; Treasurer, Miss A. Goodwin; *Committee Conveners*: *Social*, Mrs. Drury; *Assistant Social*, Miss D. Linscott; *Flower*, Misses R. Cleaves, E. Patterson, M. Pierce; *Gift*, Mrs. J. Davidson, Miss M. Patterson; *Representatives*; to *Local Council of Women*, Miss J. M. Wilson; to *The Canadian Nurse and Press*, Miss E. M. Horn.

A.A., Brockville General Hospital, Brockville

Hon. President, Miss E. Moffatt; President, H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton; Assistant Secretary, Miss H. Corbett, Pearl St. E.; Treasurer, Mrs. H. F. Vandusen; Representative to *The Canadian Nurse*, Miss M. Gardiner, Pearl St., W.

A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corr. Sec., Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother M. Theodore; Hon. Vice-Pres., Sister M. Consolata; Pres., Miss L. O'Neil; First Vice-Pres., Mrs. C. Salmon; Second Vice-Pres., Miss C. Borman; Sec.-Treas., Miss M. Ellis; Corr. Sec., Miss E. Wright, 222 Selkirk St.; *Executive*: Misses M. Kearns, M. Doyle, Mrs. R. Watson, Miss I. Poissant; *Representative to*: R. N.A.O., Miss L. Pettypiece; to *The Canadian Nurse*, Miss L. McGrail.

A.A., Collingwood General and Marine Hospital Collingwood

Hon. President, Mrs. S. A. Price; President, Mrs. R. Allen; First Vice-Pres., Miss J. Hunt; Sec. Vice-Pres., Mrs. W. A. Switzer; Sec., Miss S. D. Johnston, Collingwood General and Marine Hospital; Treas., Miss B. M. Anderson; *Committee Conveners*: *Social*, Miss K. Hanley; *Visiting and Flower*, Miss F. McIntyre. Mrs. G. Jefferies. Meeting, first Tuesday of the month, 8 p.m.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-

President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

A. A., Galt Hospital, Galt

Hon. President, Miss E. Moffatt; President, Miss A. McDonald; Vice-President, Miss J. Bell; Secretary, Miss E. Hughes, Galt General Hospital; Assistant Secretary, Miss F. Cole; treasurer, Miss E. Hopkinson; *Flower Convener*, Miss E. Deagle; *Press Representative*, Miss J. Gilchrist.

A.A., Guelph Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss Ethel Eby, 50 King St.; First Vice-President, Miss M. Dent; second vice-president, Miss R. Shaw; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood, Guelph General Hospital; Representative to *The Canadian Nurse*, Miss C. Zeigler.

A.A., Guelph Homewood Sanitarium, Guelph

Hon. President, Miss Esther Northmore; President, Miss Hilda Stout; First Vice-President, Miss Fanny Shaw; Second Vice-President, Miss Marjorie Stallibrass; Corresponding Secretary, Miss Janet M. Hill, 189 Delhi St.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss E. Bingeman; First Vice-President, Miss E. Buckbee; Second Vice-President, Miss Edna Bell; Recording Secretary, Miss M. Bain; Corresponding Secretary, Miss C. Inrig, Hamilton General Hospital; Treasurer, Miss E. Scott; Secretary-Treasurer, Mutual Benefit Association, Miss G. Coulthart; *Committee Conveners*: *Executive*, Miss A. Scheifele; *Programme*, Miss H. Harley; *Flower and Visiting*, Mrs. R. Hess; *Budget*, Miss H. Aitken.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Sister M. Alphonsa; Hon. Vice-Pres., Sister M. Monica; President, Miss E. Quinn; Vice-Pres., Miss D. Long; Secretary, Miss L. Curry, 52 North Oval St.; Treasurer, Miss M. Kelly; *Representatives*: to *R.N.A.O.*, Miss J. Morin; to *The Canadian Nurse*, Miss Elsie Harte, St. Joseph's Hospital.

A.A., Hôtel-Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. H. Lawlor; Vice-President, Mrs. S. Martin; Secretary, Miss H. Bajus, 232 Brock St.; Treasurer, Miss G. Pelow; *Executive Committee*: Mrs. W. Cochrane, Mrs. E. Casey, Miss M. Murray, Miss O. McDermott; *Visiting Committee*: Miss M. LaFrange, Miss B. Buhlur.

A.A., Kingston General Hospital, Kingston

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-Presidents, Miss E. Duncan, Miss E. Sharp; Secretary, Miss Mary Bird, 208 York St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss Bernice Graham, 216 Princess St.

A.A., Kitchener and Waterloo General Hospital Kitchener

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A.A., Ross Memorial Hospital, Lindsay

President, Mrs. Thurston; First Vice-President, Miss A. Irvine; Second Vice-President, Miss I. Hickson; Corresponding Secretary, Miss J. Robertson, R.R.5, Lindsay; Treasurer, Miss M. Stewart; *Committee Conveners; Social and Flower*, Miss E. Dawson; *Programme*, Miss L. Harding.

A.A., St. Joseph's Hospital, London

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss M. DeCou; First Vice-President, Miss B. Farr; Second Vice-President, Miss C. Godin; Recording Secretary, Miss M. Meyers; Corresponding Secretary, Miss Elvira McGuire, 15 Sterling St.; Treasurer, Miss K. Kelleher; *Press Representative*, Miss H. Knight.

A.A., Victoria Hospital, London

Hon. President, Miss H. M. Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. McLaughlin, First Vice-President, Miss E. Swetnam; Second Vice-President, Miss C. Gillies; Secretary, Miss M. Wilson; Corresponding Secretary, Miss K. Coulter, 303 Jarvis Apts., 390 Princess Ave.; Treasurer, Miss J. Monteith; *Committee Conveners*: *Visiting*, Miss M. Richmond, Miss M. Benban; *Programme*, Misses Erskine, I. McKay, R. Kester; *Nominating*, Miss F. Sutcliffe.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. President, Miss M. Park; President, Mrs. Fred Wilson, Hon. Vice-President, Miss Mary Buchanan; First Vice-Pres., Miss A. Pirie; Second Vice-Pres., Miss M. Bailey; Sec.-Treas., Miss D. Scott, 1026 Welland Ave.; Corr. Sec., Miss M. LeMay; *Committee Conveners*: *Visiting*, Miss V. Litchenberger; *Membership*, Miss J. McClure; *Education*, Miss I. Jones; *Representative to The Canadian Nurse and Press*, Mrs. Maurice Foreman.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

Hon. Presidents, Miss E. Johnston, Miss O. Waterman; President, Miss G. Adams; Vice-Presidents, Miss A. Reekie, Miss J. Quinton; Treas., Mrs. L. McKay; Rec. Sec., Miss H. Boake; Corr. Sec., Miss G. McHattie, 95 Penetang St.; *Board of Directors*: Miss S. Dudenhoffer, Miss M. MacLelland, Mrs. Kirkpatrick.

A.A., Oshawa General Hospital, Oshawa

Hon. President, Miss E. MacWilliams; President, Miss J. Stewart; First Vice-Pres., Miss R. Armour; Second Vice-Pres., Mrs. R. Nesbitt; Sec., Miss W. Werry, 134 Alice St.; Assist. Sec., Miss B. Gay; Corr. Sec., Miss B. Cryderman, 16 Yonge St.; Assist. Corr. Sec., Miss I. Goodman; Treas., Miss J. McKinnon, 134 Alice St.; *Representative* to *The Canadian Nurse*, Mrs. H. Mosier.

A.A., Lady Stanley Institute (Incorporated 1918), Ottawa

Hon. President, Miss M. A. Catton; Hon. Vice-President, Miss F. Potts; President, Miss M. C. Slinn; Vice-President, Miss M. McNeice; Secretary, Mrs. A. E. Mahood; Treasurer, Mrs. N. M. Halkett, 595 Gilmour St.; *Board of Directors*: Misses E. McColl, S. McQuade, L. Bedford and M. M. Stewart; *Committee Conveners*: *Flower*, Miss C. Stewart; *Press*, Mrs. W. E. Elmitt; *Representative to The Canadian Nurse*, Miss A. Ebbs.

A.A., Ottawa Civic Hospital, Ottawa

Hon. President, Miss G. M. Bennett; President, Miss D. Moxley, 28 Woodlawn Ave.; First Vice-Pres., Miss M. Downey; Second Vice-Pres., Miss L. Barry; Rec. Sec., Miss E. Fletcher; Corr. Sec., Miss M. Morgan, 275 Powell Ave.; Treas., Miss L. Aikenbrach; *Councillors*: Misses I. Kemp, B. Graydon, M. Tanner, M. Cameron, M. Carter; *Committee Conveners*: *Flowers*, Miss D. Johnstone; *Visiting*, Miss B. Barrow; Press, Miss G. Moloney, 201 First Ave.; *Representatives*: to *Central Registry*, Misses D. Moxley, L. Boyle, A. Crooks, R. Alexander, E. Fletcher.

A.A., Ottawa General Hospital, Ottawa

Hon. President, Rev. Sister Gabriel of Jesus; President, Miss G. Clarke; First Vice-Pres., Miss M. Landreville; Second Vice-Pres., Miss A. Proulx; Sec.-Treas., Miss Joan Stock, 390 Chapel St.; *Membership Convener*, Miss Irene Rogers; *Councillors*: Rev. Sister Flavie Domitille, Mrs. Latimer, Miss K. Bayley, Miss J. Robert, Miss E. Desormeaux, Miss F. Nevins; *Representatives*: to the *Central Registry*, Misses M. Landreville, B. Lynch; to *The Canadian Nurse*, Miss B. Legris.

A.A., St. Luke's Hospital, Ottawa

Hon. President, Miss E. Maxwell, O.B.E.; Pres., Miss Norma Lewis; Vice-Pres., Miss Mary Nelson; Secretary, Miss Grace Woods, 27 Rosebery Ave.; Treasurer, Miss D. Brown; Press Secretary, Mrs. John Powers, *Committee Conveners*: *Flower*, Misses H. Lovering, I. Allan; *Refreshment*, Mrs. S. Small, Misses M. Lunam, C. Tribble; *Nominating*, Misses M. Heron, S. Carmichael, E. Sproule; *Programme*, Misses M. Hewitt, P. Watt; *Representatives*: to *Central Registry*, Misses M. Ross, S. Clarke; to *The Canadian Nurse*, Miss Mona Drummond.

A.A., Owen Sound General and Marine Hospital, Owen Sound

Hon. Presidents, Misses B. Hall, Webster; President, Mrs. C. Johnston; First Vice-Pres., Miss A. Robinson; Second Vice-Pres., Miss A. Weeden; Third Vice-Pres., Miss M. Sim; Sec.-treas., Miss M. Barnes; Assist. Sec-treas., Miss V. Sinclair, Apt. 7, Royal Bank Bldg.; *Committee Conveners*: *Flower*, Misses J. Pringle, A. Weeden; *Programme*, Miss J. Rutherford; *Refreshment*, Misses V. Michalson, A. Morrison; *Ways and Means*, Miss D. Hamilton; *Purchasing*, Mrs. D. McMillan; *Telephone*, Misses M. Carr, I. Biggar, I. McDonald.

A.A., Nicholls Hospital, Peterborough

Hon. President, Mrs. E. M. Leeson; President, Miss A. Dobbin; First Vice-President, Miss H. Russell; Second Vice-President, Miss E. Walsh; Secretary, Miss F. Vickers, 788 George St.; Treasurer, Miss B. Smith, 472 Sherbrooke St.; Corresponding Secretary, Miss M. Beavis, 406 Sheridan St.

A.A., St. Joseph's Hospital, Port Arthur

Hon. Presidents, Rev. Mother Dympna, Rev. Sister Melanie; President, Mrs. Wm. McLaren; Vice-President, Mrs. H. Chase; Secretary, Miss Frances Brown, 525 Red River Rd.; Treasurer, Miss Florence Hagglund.

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